



Orange County SportsPlex  
919.644.0339 – 101 Meadowlands Dr. Hillsborough, NC 27278



## Private Swim Lesson Registration Form

Name(s): \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone(home): \_\_\_\_\_ Phone(cell): \_\_\_\_\_  
Email(s): \_\_\_\_\_  
Special Needs of Student: \_\_\_\_\_

### MEMBER

- 4 Lessons = \$140.00  
 8 Lessons = \$240.00

### NON-MEMBER

- 4 Lessons = \$160.00  
 8 Lessons = \$280.00

### Availability/Policy:

In order of preference please list the days and times during which you would like your swim lessons. While we will attempt to accommodate all schedule requests, private lessons are scheduled based on instructor and pool availability. You will be contacted by the private lesson coordinator within 1 week to set up your lessons. Lesson packages are good for 1 year after purchase. Lessons will only be made up if there has been at least a twelve-hour notice of cancellation given by the parent or guardian.

**\*Lessons are NOT available Mon – Thu between 4:00 pm and 7:00 pm, or Sat between 9:30am and 12pm due to our current swim team and group lesson schedule.\***

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

How would you describe your swimmer?  Beginner  Intermediate  Advanced

What do you want to achieve with these lessons? \_\_\_\_\_

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Waiver: As a participant or guardian/parent of a participant, I knowingly and freely assume all risks, both known and unknown, and whether or not such risks are foreseeable, in connection with participation in the Program. Even if such risks arise from the negligence of the participant, releases, as defined below, or others. Participant assumes the risk of injury or death and takes full responsibility for participation in the Program. I consider myself and/or my dependents adequately trained and with sufficient knowledge to participate in the activities offered by Recreation Factory Partners, LLC: dba Orange County Sportsplex (hereinafter referred to as “The Sportsplex”). I hereby, on my own behalf and on the behalf of my dependents, release, discharge and hold harmless The Sportsplex, its employees and agents, for any and all injuries or losses sustained while participating in any of the activities or programs offered by The Sportsplex. I further agree that The Sportsplex shall not be responsible for any theft or loss of property while on the premises, including the parking lot. I further understand that The Sportsplex has the right to set the times and days that the facility and its activities will be available for member and public usage. The Sportsplex discourages any parent or guardian from dropping off children under the age of 13 without supervision of an adult over the age of 18, and does not assume responsibility of them.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR OFFICE USE ONLY

1st Contact Date: \_\_\_\_\_ Lesson Day/Time: \_\_\_\_\_  
2nd Contact Date: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Communication Notes: \_\_\_\_\_