Why swim?
Swimming is a fun form of exercise for people of all ages. But did you know that it also has many healthy life-long benefits? Plus, swimming can enhance the cardiovascular system, posture, muscle strength, flexibility and endurance. Madonna ProActive offers water introduction, water safety and swim lessons.

Private & semi-private lessons
All lessons are approximately 30 minutes in length. Private and semi-private instruction clients will be matched with an instructor who best meets the needs of the individual or small group. To purchase Private Instruction, or for more information, call ProActive Aquatics Manager, Julie Gipson, at 402.413.4016. Lessons can be purchased at ProActive’s front desk. Private Instruction is offered only as instructor availability and pool space permits during recreational swim hours.

Reminders
• The Aquatics team at ProActive believes that consistent instruction is beneficial to students and instructors. Therefore, we will make every effort to provide you with a consistent instructor and with the instructor you request.
• After purchasing lessons, scheduling private instruction times will be directly between the instructor and client.
• If you do not receive a phone call from an instructor within 48 business hours of purchasing lessons, please call the front desk at 402.420.0000.
• Cancellation or rescheduling of private lessons must be made 24 hours in advance. To cancel a private lesson call your instructor directly or Aquatics Manager, Julie Gipson, at 402.413.4016. If you fail to cancel within 24 hours you will be charged in full for the session.

Prices

<table>
<thead>
<tr>
<th>Number of Lessons</th>
<th>Private Lesson Rate</th>
<th>Semi-Private Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>$25/lesson</td>
<td>$35/lesson</td>
</tr>
<tr>
<td>11+</td>
<td>$22/lesson</td>
<td>$27/lesson</td>
</tr>
<tr>
<td>Non-member</td>
<td>$35/lesson</td>
<td>$55/lesson</td>
</tr>
</tbody>
</table>

711 Stephanie Lane  
(55th & Pine Lake Road)  
Lincoln, NE 68516  
402.420.0000  
www.madonnaproactive.org

Request for Private Swimming Lessons

Name of Participant: ___________________________ Age _______ Birth Date: ____________

Guardian’s Name: ______________________________ Member #: _______________

Address:
______________________________________________________________

Phone: ______________________ E-mail: ____________________________
Please answer these questions for the swimmer participating in the private lesson:

1. Have you taken a learn-to-swim class before? Yes  No
2. Are you comfortable being in shallow water? Yes  No
3. Are you comfortable being in deep water? Yes  No

Please provide in more detail what your swimming ability is:

____________________________________________________________________

Do you have any special needs? Yes No If so, please explain:

____________________________________________________________________

Any other information:

____________________________________________________________________
Agreement

1. I hereby certify the above is in normal health and capable of safe participation in the ProActive program. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby give permission to the ProActive team to authorized medical treatment in the event parent(s) and/or emergency contact cannot be reached.

2. I understand ProActive is not responsible for my child past program ending times.

3. As the parent or legal guardian of the above named person, I hereby give ProActive permission and authority to print his/her name in newsletters and to use identifying information (name, photographs, videos, etc.) in publications or promotional materials.

Cancellation Policy

1. Once you have registered for a class/program, ProActive begins the preparation for the session. No call/no show absences will result in a charge for that lesson time. No credit or refunds after one year from purchase date.

2. No make-up classes will be held for unexpected closure of pool, i.e. holidays, vomit/fecal incidents, power outages. **Exception:** Injury or illness, whereas a doctor’s note is mandatory, then partial credit.

**Number of sessions requested:** ____________________________  **Cost:** __________________

Parent/Adult Signature _________________________________

Date______________

------------------------------------------------------------------ Staff Use------------------------------------------------------------------

Amount paid: __________  Credit Card  Check  Cash  CTA to Member#____________

Date: __________  Staff Initials: ____________  Place form in Julie G.’s mailbox.