THE WORKOUT CLUB OF SALEM & LONDONDERRY, NH PRIVATE SWIM LESSON AGREEMENT

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	Age: Parer	nt/Guardian:
Email:	 Phone: (H)	(W)
Member scan tag num	ber	
Level of Swimmer: back page)	(Additi	ional students information on the
Medical Information/Sp	pecial Needs:	
Lesson Preferences:		_
Desired Start Date:		
	2nd Choice:	3rd Choice:
Preferred Day:	Preferred Time:	Date of First Lesson:

Pricing Structure:

Individual Lessons:	Member	Non-Member	
30-minute private	\$75	\$86	
5x 30-minute private	\$242	\$299	
8x 30-minute private	\$371	\$462	

* Semi-Private Lessons three	Member	Non-Member	*max
30-minute (2 swimmers)	\$92	\$104	
5x 30-min (2 swimmers)	\$316	\$385	
3rd swimmer (additional)	\$98	\$127	
8x 30-min (2 swimmers)	\$490	\$600	
3rd swimmer (additional)	\$141	\$187	

TOTAL DUE: \$
Policies and Agreements:
1. Cancellation Policy:
24-hour advance notice is required for cancellations.
• Failure to provide 24-hour notice will result in the lesson being deducted from your contract.
All unused sessions expire ninety days after the purchase date.
• To cancel, please get in touch with your assigned Swim Instructor directly.
2. Weather/Pool Closure Policy:
Lessons canceled due to inclement weather or unexpected pool closures will be rescheduled at no additional cost.
3. Liability Waiver:
I understand that participation in swim lessons involves inherent risks. I waive and release The Workout Club of Salem, its employees, and instructors from any liability for injuries or damages that may occur during lessons.
4. Photo/Video Release:
I grant permission for The Workout Club to use photos or videos taken during lessons for promotional purposes.
5. Pool Rules and Safety:
I agree to follow all posted pool rules and safety guidelines during lessons. Access to open swimming is solely for our members. All non-members must exit the pool after lessons. Day passes are available.
Instructor: Phone:
All parties agree to the policies and terms outlined in this agreement by signing below.

Parent or guardian _____ Date

2. Name:	Age:	Parent/Guardian:	
Email:	Phone: (H)	(W)	
Member scan tag number			
Level of Swimmer:page)		(Additional student information o	on the back
Medical Information/Special Needs:			
3. Name:	Age:	Parent/Guardian:	
Email:	Phone: (H)	(W)	
Member scan tag number			
Level of Swimmer:page)		(Additional student information o	on the back
Medical Information/Special Needs:			
Signature required for each lesson:			
Parent/Guardian Signature	Instructor Sig	gnature Date	
1			
2			
3			

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7		
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