Private/Semi-Private Swim Lesson Request Form

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All private, semi-private, and small group swim lessons are conducted in 30-minute sessions with a dedicated instructor tailored to the swimmer's specific goals and skill level.

Participant Details:

Basic information about the swimmer(s), including who is participating, their ages, and your lesson format preferences (private vs. semi-private pairing).

Are you interested in private lessons, Semi-Private, or private small group lessons? (Required):

(Select only one option)
Private small group lessons are 4+ students to 1 or 2 instructors generally meant for adult participants or a variety of participants from the same household

- ☐ Private (1:1)
- ☐ Semi-private (2:1)
- ☐ Semi-private (3:1)
- ☐ Private Small Group (4+)

Session Rates:

Private (1:1): $45 per session

Semi-Private (2:1 or 3:1): $60 total per session

Private Small Group (4+ swimmers): $20 per swimmer, per session

I am interested in being paired with other private swim lessons participants of the same or simliar abaility for semi private lessons (Required):

(Select only one option)

☐ Yes ☐ No

Name, age, gender, prefered pronouns (if applicable) for all participants (Required):

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Ability and Water History

Help us understand the participant's current skill level, past experience, and comfort around water so we can pair them with the right instructor and start at a safe, appropriate baseline.

Current Skill Level/Starting Ability (Select all that apply) (Required - Select at least one option):

- ☐ Has little to no prior experince in the water
- ☐ Can blow bubbles through mouth
- ☐ Comfortable fully submerging head and body
- ☐ Can float independantly on front
- ☐ Can enter and exit deep water WITHOUT assistance
- ☐ Can perform basic stroke mechanics on front (doggy paddle) WITHOUT assistance
- ☐ Can perform advanced stroke mechanics on front (front crawl/freestyle)
- ☐ Comfortable putting face in water
- ☐ Can Blow bubbles through nose
- ☐ Can float indipendantly on back
- ☐ Comfortable in deep water (6+ feet)
- ☐ Can tread water for up to 30 seconds
- ☐ Can perform basic stroke mechanics on back WITHOUT assistance
- ☐ Can perform advanced stroke mechanics on back (backstroke)

Prior Swimming Experience (Select all that apply) (Required - Select at least one option):

- ☐ None
- ☐ Recreational Swimming (backyard pools, lake, water parks)
- ☐ Other

If Other, please explain:

- ☐ Prior Swim Lessons (private or group)

Water Comfort & Fears (Select all that apply) (Required - Select at least one option):

- ☐ None
- ☐ Fear of deep water
- ☐ Reliable on lifejacket or floatation device
- ☐ reluctant to attempt new skills
- ☐ Other

If Other, please explain:

- ☐ Fear of water
- ☐ Past negative/traumatic experience
- ☐ Fear of putting face in water/submerging

Neurodivergence, Adaptive Needs & Health Considerations

Share any diagnoses, communication methods, sensory sensitivities, or health conditions so we can provide tailored accommodations and ensure a safe, supportive environment.

Diagnosis & Accommodations (select all that apply) (Required - Select at least one option):

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- ☐ None
- ☐ Autism Spectrum Disorder
- ☐ Down Syndrome
- ☐ Cerebral Palsy
- ☐ Intellectual Disability
- ☐ Seizure Disorder
- ☐ Tubes in ears/Auditory Needs
- ☐ Behavioral support needs
- ☐ Allergies
- ☐ Mobility limitations
- ☐ Other

If Other, please explain:

Communication Style (select all that apply) (Required - Select at least one option):

- ☐ None
- ☐ Verbal
- ☐ Non-verbal
- ☐ AAC device
- ☐ ASL
- ☐ visual cues
- ☐ Other

If Other, please explain:_____

Sensory Consideration & Triggers (Select all that apply) (Required - Select at least one option):

- ☐ None
- ☐ High Pitched Sounds
- ☐ Loud noises
- ☐ Environmental Noises
- ☐ Ambient sounds
- ☐ Water Temperature (Cold)
- ☐ Water Temperature (Warm)
- ☐ Water on face
- ☐ Water in ears
- ☐ Splashing
- ☐ Physical manipulation of arms or legs
- ☐ Bright lights
- ☐ Low Light
- ☐ Wearing goggles
- ☐ Other

If Other, please explain:

Behavioral & Calming Strategies or other notes:

Other notes may include, tranfer needs, seizure triggers, appearance, and action plan.

Goals & Learning Preferences

Outline what you hope to achieve in these lessons—from basic safety and water confidence to stroke refinement—and details any specific instructor style preferences.

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Primary Learning goal(s) (Required - Select at least one option):

- ☐ Basic water safety
- ☐ Drowning prevention
- ☐ independant floating
- ☐ Building water confidence
- ☐ Becoming independant from floatation device
- ☐ Stamina development
- ☐ Stroke mastery
- ☐ Lap swimming for exercise
- ☐ Proper breathing technique
- ☐ Refining technique and efficiency
- ☐ Competition prep
- ☐ Other

If Other, please explain:

Instructor gender preference (Required):

(Select only one option)
If requesting a specific instructor please provide name in "Other" field

- ☐ No preference
- ☐ Male
- ☐ Female
- ☐ Other

If Other, please explain:

Instructor teaching style or approach preferences:

Scheduling, Logistics, & Admin.

Captures your preferred days and times, timeline flexibility, and caregiver involvement to help us build a schedule and setup that works for your family.

Availability (Required):

Lesson Frequency (Required):

(Select only one option)

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☐ Once a week ☐ Twice a week

☐ Every 2 weeks ☐ Flexible

☐ Other
If Other, please explain:

Preferred start date (Required): _____

- **In-Water Support Will a parent, caregiver, or aide need (or prefer) to be in the pool or poolside during lessons? (Required):**

(Select only one option)

☐ Poolside support when needed

☐ In water support prefered

☐ Other
If Other, please explain:

Contact Information

Point of Contact Name (Required): _____

Email (Required): _____

Phone (Required): ( ) -

Address:

Street: _____

Address Line 2: _____

City, State, Zip: _____

Emergency Contact (Required): _____

Phone (Required): ( ) -