

P.Q.A.C Registration Private/Semi-Private Lessons

Personal Information:

Swimmer Name: _____ D.O.B.: __/__/__ Age: _____

Swimmer Name: _____ D.O.B.: __/__/__ Age: _____

Father's and Mother's Names:

Phone # (H): _____ (c): _____ E-Mail: _____

Emergency Contact and Phone #: _____

Medical Condition(s) PQAC should be aware of: _____

Swimmer's Swimming Background (s):

Goals to achieve during these lessons: _____

When Are you Available for Your Lesson? _____

***Private and Semi-Privates lessons are booked based on instructor's availability. Please contact your instructor 48 hour in advanced to change or cancel your class. If you miss your class and you don't contact your instructor at least 48 hours in advanced prior to having the class, you will be charged for the scheduled class. Payment for the first 6 lessons must be paid 48 hours in advanced.**

For PQAC Staff Only:

Confirmed Lessons:

Dates/Times: _____

Payments: _____

Notes: _____

For Further Info.: www.pqacswimteam.com