PRIVATE & SEMI-PRIVATE SWIM LESSONS

What We Offer:

Each Session includes 2 Hours <u>TOTAL</u> of Private or Semi-Private Lesson Instruction. We will split it into four, 30 Minute Lessons!

How It Works:

You will be assigned an instructor based off the swimmers level and availability.

Days and Times are set up with your assigned Instructor in a session.

<u>SET UP:</u>

To set up your private lesson you will need to fill out an <u>Information Sheet</u> found online or at our front desk. Please read over and fill out this information sheet. Once it is turned in, you will then be contacted to schedule your lessons with an assigned instructor. You can also Email requests/paperwork to JLoveridge@slco.org





For inclusion opportunities for people with disabilities,

Contact Ashley at 385-468-1520 or ahaddow@slco.org.

JL SORENSEON RECREATION CENTER

PRICE:

⇒\$80 for One Student (Private)

 \Rightarrow \$60 each

for Two Students

(Semi-Private)

*Must have two participants to register for semiprivate lessons.

INSTRUCTORS:

Alissa Tess
Josh S Alex
Josh F. Katelynn

Izzy Tanner

Jackson Torrie Anna Morgan

Jamie Chloee

OUESTIONS?:

Cassidy Ramsey
Aquatics Coordinator
CRamsey@slco.org
Jamie Loveridge

Private Lesson Coordinator Jloveridge@slco.org

PRIVATE/SEMI-PRIVATE SWIM LESSONS

Please Circle whether you would like a private or Semi-Private lesson! Private Semi-Private

Which Month

January	February	March	April	May	June
	Which Instructor	?:			
*Please Fill out a	Information Sheet/2		if its your first t	ime in the p	rogram
Check here to be contacted about inclusion opportunities for people with disabilities.					
<u> </u>					
Name of Participant			Boy	Girl	
Birthday & Year	Age	Grade	School		
Address		City	State	Zip	
Parent or Guardian	Н-	ome Phone	Work		
Parent Email					
	than parent / guardian) Statement of Agreement – A				
1) <u>Assumption of Risk:</u> I hereby acknowledge and agree that my child's participation in recreational activities involves inherent foreseeable and unforeseeable risks and hazards which may expose my child, or me, to illness, injury, or death. In consideration of my child's participation in such activities, I for myself, my child, my heirs, my executors and administrators, freely and voluntarily agree to assume and accept any and all risks to my child or myself associated with my child's participation in Salt Lake County recreational activities.					
administrators hereby release whatsoever I or my child may	my child's participation in the Salt e Salt Lake County and its officers, now have, or have in the future, a by, arising out of, or in any way rel	agents, and employees fro against Salt Lake County o	om any cause of action, clair n account of personal injury	m, or demand of any , property damage, o	nature
County, its officers, agents, are out of, or in any way related to County under this Agreement the County for the defense of	ation of my child's participation in nd employees from any and all cau to my child's participation in the Sa includes all attorney fees, litigation any claim or to satisfy any settlen hild's participation in the Salt Lake	ises of action, claims, dem alt Lake County recreation on and court costs, expert nent, arbitration award, or	ands, losses, or costs of any al activities. I agree that my witness fees, and any sums verdict paid or incurred on	nature whatever ca duty to defend and expended by or asse	use by, arising indemnify the essed against
	e requested in person and must be may withhold 25% of the refund				
· 	alt Lake County all costs incurred, t any account delinquent 30 days or	-	·	that my account is re	eferred for
6) Emergency Treatment: I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom.					
7) Media Consent: I hear by grant permission to Salt Lake County to use my or my children's photograph, videotaped image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation.					
, , , , ,	sk, liability release, and refund policy agree to its terms. If any portion of remainder shall, noto		invalid by a court of law, the	•	
Signature (Parent or Lega	ıl Guardian):		Dar	te	
OFFICE USE ONLYT	Fill #: An	nt.:	Date:	By:	