**Swimming Lessons Request Form**

*Please print clearly.*

|  |
| --- |
| Name of person completing form:  |
| Status (select one): Active Duty Reservist Retiree Dependent DOD Civilian |
| Phone: | Email: |
| Address:  | City:  | Zip:  |
| If you are completing this form for a minor, please state your relationship to the minor: Parent Legal Guardian Other (specify):  |
| Emergency contact name: | Phone:  |
|  |
| If you are completing the form for someone else, please list their names and ages below: (Maximum three students.) |
| Name: | Age: |
| Name: | Age: |
| Name: | Age: |
|  |
| Length of session requested: 30 minutes 1 hour |
| If you have any specific goals for these lessons, please list them here. Try to be as specific as you can.  |
| 1. |
| 2. |
| 3. |
| 4.  |

**Completed forms must be submitted in person to the Aquatic Center, BLDG 3319.
 For more information, call 817-782-1220.**

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STAFF USE ONLY:

Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: