



# Stanford University AVERY RECREATION POOL Private Swim Lesson REGISTRATION FORM

Stanford Recreation  
Aquatic Programs  
285 Santa Teresa St.  
Stanford CA, 94305  
650-725-0725 (Phone)  
<http://recreation.stanford.edu> (Web)  
[stanfordaquatics@stanford.edu](mailto:stanfordaquatics@stanford.edu)

Please print all information legibly.

Private:

Semi-Private:

## Participant Information:

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  M  F

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  M  F

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  M  F

Parent/Guardian's Name: \_\_\_\_\_  
(If Participant is under age 18)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact:  phone  email

## Lesson Information:

What swim experience has you or your dependent had?

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What are your expectations/goals for these lessons?

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## Availability:

1<sup>st</sup> Choice Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

2<sup>nd</sup> Choice Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

3<sup>rd</sup> Choice Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

**Membership Status:**  Student  Non-Student

**Number of Lessons Desired:**  1  3  5