

Date Received: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Service Purchased: \_\_\_\_\_

*Office Use Only*

*Please attach receipt to client  
registration packet.*

UNIVERSITY *of*  
NORTHERN COLORADO



*Campus Recreation*

Aquatics

*Private Swim Lessons*

***Patron Registration***

-Confidential-

## UNC Campus Recreation Swim Lessons Summary and Costs

	UNC Student
<b>Private Swim Lessons</b>	
1 Lesson	\$12.00
3 Lessons	\$33.00
6 Lessons	\$60.00
8 Lessons	\$72.00
<b>Buddy Swim Lessons</b>	
1 Lesson (2 patrons)	\$15.00 (7.50 per person)

*\*All lessons must be used within the semester purchased (by Friday of Finals Week).*

For more detailed information and service descriptions please visit: [www.unco.edu/campusrec](http://www.unco.edu/campusrec)

### Swim Lesson Information

#### *Please Read Carefully*

Thank you for making a commitment to your health and wellness through the UNC Campus Recreation Aquatics Programming; once we have received your completed paperwork (including payment), you will:

1. Be assigned a Swim Instructor based on your information, preferences, and when the pool is open.
2. Be contacted by your Swim Instructor to schedule your first lesson within one week.

### Aquatics Services Policies

In order to help make your experience a positive one, we ask that you observe the following policies:

1. Payment and Client Registration Packet must be received before a Swim Instructor will be assigned. Instructors cannot take lesson payments. Please pay for lessons at the Campus Recreation Entry Desk. Remember to keep your receipt for proof of purchase.
2. **All swim lessons must be used within the semester purchased (by the Friday of Finals Week).**
3. Call the Campus Recreation Entry Desk at 351-2062 if you know you will be late (Swim Instructors will wait 15 minutes and then that scheduled lesson will be forfeited). If you are late, the lesson will only last until the end of the hour for which that lesson was scheduled.
4. If needed, lessons must be rescheduled 24 hours in advance or session will be forfeited (call your Swim Instructor or the Campus Recreation front desk to leave a message for your trainer at 351-2062).
5. Be prepared for swimming by wearing appropriate attire and by bringing a towel, goggles, nose plugs (optional), water bottle, and anything else you may need.

## Personal Information

Name: \_\_\_\_\_ SSN/Bear #: \_\_\_\_\_ DOB/Age: \_\_\_\_\_  
 Gender: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Campus/Current Information

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Preferred Method of Contact: \_\_\_ Phone \_\_\_ Email

Campus Affiliation (please circle one): Faculty Staff Student Other \_\_\_\_\_  
 Major/Degree/ Department: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

### Home/Permanent Information (if different from above)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### How did you learn about UNC Aquatics Services?

\_\_\_ Campus Recreation Brochure \_\_\_ Campus Recreation Flier \_\_\_ Friend  
 \_\_\_ Campus Recreation Website \_\_\_ Other (please explain) \_\_\_\_\_

### Swim Instructor Availability

Please indicate the days and times mark the days you are available and prefer to train. (please be specific, the more flexible your time the easier to match a trainer)  
 - The semester availability of the pool is (but is subject to change):

Monday	Tuesday	Wednesday	Thursday	Friday	Sunday
6:00-8:00 am		6:00-8:00 am		6:00-8:00 am	2:00 –5:00pm
12:00-2:00 pm	12:00-2:00 pm	12:00-2:00 pm	12:00-2:00 pm	12:00-2:00 pm	
6:00-10:00 pm	6:00-10:00 pm	6:00-10:00 pm	6:00-10:00 pm		

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Sunday \_\_\_\_\_

**Would you like to request a specific trainer or do you have a preference? (male/female, and/or name from Swim Instructor Bio Book)**

**Please circle the answer that best describes the way you learn:**

- a. Listening to instruction then practicing
- b. Watching a demonstration then practicing
- c. Other \_\_\_\_\_
- d. Do not know

**Please circle the level that best fits you (resources available in the Aquatics binder)**

- a. Beginner I
- b. Beginner II
- c. Intermediate
- d. Advanced I
- e. Advanced II

## Personal History and Medical Information

Please indicate whether you currently have or if you ever had a significant problem with any of the symptoms or conditions listed below. Please read the questions carefully and answer each one honestly:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

**\*Note:** if you answered “yes” to one or more questions above, you may be required to obtain medical clearance before participating in Aquatics services. Your safety when becoming more physically active is our main concern. If you are pregnant or your health changes prior to exercising so that you answer “yes” to any of the above questions, you must speak with your doctor before meeting with a Swim Instructor.

Have you ever had?	Yes	No	Not Sure	If yes, please give most recent date that test was given.	High more than one time? Yes or No
High Blood Pressure					
High Blood Glucose					
High Cholesterol					
<b>Have you ever had?</b>	<b>Comments/Explanation:</b>				
Heart Trouble (murmurs, palpitations, etc.)					
Atherosclerosis					
Asthma					
Diabetes					
Cancer					
Stroke					
Lung, Kidney, Thyroid, or Liver Disease					
Unexplained Weight Loss or Gain					
Chronic Fatigue					
Hypoglycemia/Low Blood Sugar					
Arthritis or Rheumatic Condition					
Bone, Joint, or Muscle Injury					
Neck/Shoulder/Back Pain					
Chest Pain/Discomfort					
Shortness of breath.....					
at rest					
with exercise					
while sleeping					
Hepatitis or Other Blood Condition					
Dizziness/Light Headedness/Fainting					
Epilepsy					
Eating Disorder					
Edema (swelling)					
Joint Pain/Discomfort					
<b>Other:</b>					

Have any family members had?	Yes	No	Which family member(s) (relation)?	Age at which they were diagnosed
Heart Attack				
Heart Surgery				
Early (Sudden) Death				
Hypertension (High Blood Pressure)				
High Cholesterol				
Diabetes				
Stroke				
Cancer				
Other:				

Please list any medical concerns/conditions that might limit your ability to participate in Aquatics Services (pregnancy, disability, etc.):

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Please list any known allergies (environmental, medications, food, etc.):

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Please list current medications including over-the-counter medications, prescriptions, etc.

Medication	Dosage	For What?

What is your experience with swimming?

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What is your primary goal(s) during your private swim lessons?

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Is there any other information you would like your instructor to know before your lesson?

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## Informed Consent

I \_\_\_\_\_, have enrolled in a program of strenuous physical activity including any or all of the Campus Recreation Center of the University of Northern Colorado services and programs. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in an exercise program.

In consideration of my participation with the Private Swim Lessons, and the Aquatics Program at the Campus Recreation Center of the University of Northern Colorado, I, \_\_\_\_\_, for myself, my heirs, and assigns, hereby release the Private Swim Lessons, and Aquatics Program of the University of Northern Colorado (its employees and staff), from and claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in the exercise program and I hereby release the State of Colorado, the University of Northern Colorado its Trustees, officer employees and agents from any liability now or in the future including, but not limited to, heart attacks, muscle strains or muscle pulls, broken bones, shin splints, heat prostration, knee/low back/foot injuries, drowning, and any other illness, soreness, or injury, however caused, occurring during or after my participation with private swim lessons, and in the exercise program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Terms & Conditions

Before I, \_\_\_\_\_, meet with a UNC Campus Recreation Swim Instructor, or take part in private swim lessons, I certify that I have answered all health and fitness questions honestly and to the best of my ability. I understand the importance of providing complete and accurate responses. I recognize that my failure to do so could lead to possible unnecessary injury to myself during private swim lessons, and I understand that I may have to provide a medical clearance from my doctor prior to participating in any UNC Campus Recreation Aquatics services.

I understand that full payment is due upon registration. I recognize that services are non-refundable, non-transferable, and expire at the end of the semester in which services were purchased. I agree to adhere to all UNC Campus Recreation Aquatics policies and procedures.

I also understand that if I need to cancel a lesson, I must call the Recreation Center at least 24 hours prior to my scheduled session/appointment, if I do not call 24 hours prior, that lesson will be forfeited. I am fully aware that if I consistently cancel/reschedule my lessons, my Swim Instructor has the full right to release me as a client, and forfeit any remaining lessons

As my signature indicates, I affirm that I have read and fully understand the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Client Confidentiality

Information will not be released without the individual's permission, except in emergency situations. All information regarding your fitness assessment, program, and progress will be kept confidential and remain in UNC Campus Recreation files for 4 years following the cessation of your participation in the program.

Regular evaluation of your Swim Instructor's performance and your progress will be completed using written and verbal communication with your instructor and our aquatics staff. If you have any feedback regarding your lessons, please contact Tricia Tort, Assistant Director of Fitness and Wellness, at (970) 351-2068, or at [Tricia.tort@unco.edu](mailto:Tricia.tort@unco.edu).