



# University Recreation

## Private Lesson Registration

Please complete the following document email to urecaquatics@lsu.edu– if you have any questions please email and someone will be in contact with you within 2 business days of your email.

### Swimmer Information

First Name:

Last Name:

Date of Birth:

Age:

Gender:

Previous Swim History:

Availability for Private Lessons: write the time frame on the days that you are available and wanting to do lessons.

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |

Goals: Skills you are wanting to learn / accomplish during the lessons.

Please place a check mark in the boxes beside the lesson options for which you are registering your swimmer or yourself for. Please note rates for each category: LSU Students, LSU Faculty/Staff and Members, and Non- Members.

| Private Lesson Options | LSU Student<br>(\$125) | Member / LSU<br>Faculty & Staff<br>(\$160) | Non-Member<br>(\$180) |
|------------------------|------------------------|--|-----------------------|
| 4/30minute lessons     |                        |  |                       |
|                        | LSU Student<br>(\$175) | Member / LSU<br>Faculty & Staff<br>(\$250) | Non-Member<br>(\$275) |
| 8/30minute lessons     |                        |  |                       |
| <b>TOTAL</b>           |                        |  |                       |



## University Recreation

### Swimmer/Parent Information

#### Swimmer/Parent/Guardian Section 1:

Parent/Guardian Name:

Relationship to Swimmer:

Work Phone:

Cell Phone:

Address:

City:

Zip Code:

Apartment Number:

State:

Email Address:

*Please check the following that apply to you:*

LSU Student

LSU Faculty/Staff

LSU UREC Member

LSU ID Number:

#### Parent/Guardian Section 2:

Parent/Guardian Name:

Relationship to Swimmer:

Work Phone:

Cell Phone:

Address:

City:

Zip Code:

Apartment Number:

State:

Email Address:

*Please check the following that apply to you:*

LSU Student

LSU Faculty/Staff

LSU UREC Member

LSU ID Number

### Demographic Information

Has this swimmer participated in Private lessons before?

How did you hear about registration for Private Lessons? (please check all that apply)

LSU UREC Website

Facebook

Referred by a friend or co-worker

Twitter

UREC Email

BR Moms

Faculty/Staff Postcard

On-Campus Media

Other:



## University Recreation

### 2023 Private Lessons—Minor Photo Release \*Minors Only

By indicating "I Agree" in the check box below, I consent for the swimmer named below to be the subject of any photography, audio, or video recordings, which may take place while you are participating in programming and/or open recreation activities. Such photography and recordings may be used for LSU publications, web-casts, telecasts, advertising, and for any other additional promotional or marketing purpose as Louisiana State University may see fit.

You hereby waive all rights or claims you may have to any financial compensation or payment of royalties in connection with any publications, webcasts, broadcasts, or exhibition of these materials. When/if the individual's likeness or image is used in a publication, there will be no identifying information provided.

I agree to the above statements.

Please do not include in photographs and recordings

**Swimmer's Name**

**Print Name of Parent/Legal Guardian**

**Phone Number**

**Signature of Parent/Legal Guardian**

**Date**

:

Thank you for completing the Private Lesson Request form. Send completed packet to [urecaquatics@lsu.edu](mailto:urecaquatics@lsu.edu) - we will reach out to you within 2 business days to confirm