



Private Lesson Request Form

703.784.2973

quanticoaquatics@usmc-mccs.org

SPONSOR'S INFORMATION

Sponsor's Name:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Branch of Service:	Rank/Grade:	Unit/Dept:	
Status: (check one) <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> MCCDC Civilian <input type="checkbox"/> OTHER:			
Address:			
City:	State:	ZIP Code:	
Home Phone:		Work Phone:	
Mobile Phone:		Email:	

PARTICIPANT #1 INFORMATION

Name:	Gender: M / F
Date of Birth:	Age:
Does the participant have any medical conditions, allergies, or physical restrictions or limitations of which we should be aware? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:	
Please briefly describe the participants swimming ability :	

PARTICIPANT #2 INFORMATION (FOR SEMI-PRIVATE LESSON USE ONLY)

Name:	Gender: M / F
Date of Birth:	Age:
Does the participant have any medical conditions, allergies, or physical restrictions or limitations of which we should be aware? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:	
Please briefly describe the participants swimming ability :	

SCHEDULING PREFERENCES

We typically have an instructor available Monday – Friday 1100-1300 specifically for private lessons. Requests for private lessons outside of this time will be based on instructor availability.

Date Range:	Number of Lesson:						
Day of the Week:	<input type="checkbox"/> SUN	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT
Preferred time:							

Hold Harmless Agreement

I understand that there are various risks involved with participation in the activities, courses, or events conducted by the Quantico 50M Pool on Marine Corps base Quantico. I further understand that these risks may include, but are not limited to injuries caused by the wet conditions of the floor, weather, personal physical condition and other participants.

In consideration of the opportunity for my child to participate in the activities, programs, courses or events conducted at the Quantico 50M Pool on Marine Corps Base Quantico, I hereby assume all risks associated with this course and shall indemnify, waive, release and forever discharge the U.S. Marine Corps, the Marine Corps Community Services Division at Marine Corps Base, Quantico, all sponsors and any other individuals or entities connected in any way with this event from any and all claims for damages, death, personal injuries or property damage and litigation costs/attorneys' fees, arising from or contributed to, in whole or in part, by any act, omission, fault or mistake of the above named persons or entities and their employees or agents, resulting from my child's participation in this event. The waiver of this release shall be binding on my heirs and assigns and shall run in favor of the above-named persons or entities and any individuals in any way connected with the aforementioned event. And further, I give permission for emergency medical treatment to be provided to my child in the case of an emergency.

The Marine Corps Community Services Division at Marine Corps Base Quantico may, at times, take pictures or videos of participants at our programs, courses, activities or special events. I give permission for such photos or videos to be taken of my child and used in future promotional materials, including but not limited to, facility flyers and brochures.

The information contained in the application is provided in accordance with Privacy Act of 1974 and it is understood that: Information contained in this application is for membership administration. The information will be used for billing purposes, preparation of membership cards, collection of accounts, determination of eligibility for membership, identification and dissemination of information, Personal written consent will precede the release of this information for other purposes. Failure to complete the application will result in limitations places upon or denial of membership. The statutory authority of collection of the information is 5 USC 301.

The information contained in this application is true to the best of knowledge.

APPLICANT'S NAME: (PRINT)

APPLICANT'S SIGNATURE:

DATE:

Office Use Only

Payment Method: Cash Credit Check #_____

RCPT #

Processed By:

Date:

Comments: