

Little Fins Swimming

Private Lessons



Program Features

- Sessions are 4 weeks in length, once a week! 30 minute classes
- Classes are scheduled to your convenience per calendar month
- Intimate environment guaranteed to develop all swimmers

Private Lessons

Private lessons are an excellent way to improve and nurture your child's development in water. Privates are conducted at your own pool or at the swimming facilities at DC Ranch*, McDowell Mountain* or Grayhawk*

* You must be a resident to participate at the DC Ranch, McDowell Mountain or Grayhawk pools.

Ratio: Privates - class ratio is 1 student per instructor

Cost: Privates - \$140 per 4 week session (4 classes at \$35 / class)

Semi Private Lessons

In addition to our private lessons, we also offer semi private lessons which provides an opportunity to take a private with a friend or sibling.

Ratio: Semi Privates - class ratio is 2 student per instructor

Cost: Semi Privates - \$240 per 4 week session (4 classes at \$30 / per participant / class)

Don't be disappointed - call today to enroll your child!

Registration Information

1. Call the office to check the availability of your favorite day / times
2. Complete the application form and mail with payment to Kicks Kids.
3. Registration payment is required to secure the class.

Kicks Kids, PMB 250, 21001 N Tatum Blvd., Suite # 78-1630, Phoenix AZ 85050

Tel: (480) 585 7684

Fax: (480) 585 7684

Web: www.KicksKids.com

Little Fins Registration Form

Private Lessons

I would like to request the following days / times _____

Your days and times will be scheduled as closely as possible to your request

Participant Information (please print clearly)

Name _____

Date of Birth ____/____/____ Age _____ Sex M / F

Name _____

Date of Birth ____/____/____ Age _____ Sex M / F

Parent Information (please print clearly)

Name of Parent _____

Street _____

City _____ State _____ Zip _____

Phone (h) _____ Phone (cell) _____

Please provide an email account that is checked regularly (please print clearly!)

Email _____

Emergency Contact _____ Phone _____

Please include relevant medical information in writing with this application

I certify that my child(ren) above is / are in excellent health and are able to participate in physical activity, including soccer. I agree to hold Kicks Kids Enterprises, its agents, employees and contractors harmless from any and all claims for injuries sustained during my child(ren)'s participation in the program. Permission is granted for my child to receive emergency medical treatment. I grant permission for, and waive any rights to, the use of photographs and motion pictures at any events and their subsequent use in Kicks Kids Enterprise's information.

Signed _____ Date _____

Credit Policy

A credit voucher for full program fee will be issued for any cancellation prior to program. Every attempt will be made to make up time lost to bad weather. There are no make ups on our swimming program. No cash refunds.

Method of Payment

Checks should be made payable to 'Kicks Kids'

Amount enclosed: _____ Total \$ _____

Confirmation via email address if provided: cancelled check

For Office Use Only

Rec'd.	Ck#	Call	Comp.
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