

## Private Swim Lessons

Personalized 30-minute swim lessons scheduled at your convenience.

Contact Annie Macke at 513-389-5498 or amacke@mercyhealthplex.com to get started.

## Private Lesson • One-on-One

|             | Member | Non-Member |
|-------------|--------|------------|
| 1 Session   | \$32   | \$42       |
| 5 Sessions  | \$145  | \$200      |
| 10 Sessions | \$270  | \$380      |

## Partner Lesson • 2 participants

|                               | Member | Non-Member |
|-------------------------------|--------|------------|
| 1 Session (Per Participant)   | \$26   | \$28       |
| 5 Sessions (Per Participant)  | \$115  | \$132      |
| 10 Sessions (Per Participant) | \$195  | \$250      |

• Pricing for semi-private lessons are per person.

- Packages cannot be shared. Each participant must purchase a package.
- · All lessons must be purchased before they are delivered.
- Cancellation notice of less than 24 hours may count as a lesson.
- · Contact your instructor to set up lessons/or to cancel lessons.



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## **PRIVATE SWIM LESSON INTEREST FORM**

Please fill out the following information and email to Annie at amacke@mercyhealthplex.com or drop off at the Member Service Desk.

| Today's Date   |                                    |                  |  |  |
|--|------------------------------------|------------------|--|--|
| Swimmer #1 Name <u>:</u>   | _ Date of Birth:                   | □ Male □ Female  |  |  |
| Swimmer #2 Name <u>:</u>   | _ Date of Birth:                   | □ Male □ Female  |  |  |
| Swimmer #3 Name:   | _ Date of Birth:                   | □ Male □ Female  |  |  |
| Are you Members of the HealthPlex? □ Yes □ No  |                                    |                  |  |  |
| Parent's Name (if under 18):   |                                    |                  |  |  |
| Address City/St  | ate/Zip:                           |                  |  |  |
| Phone: Email:  |                                    |                  |  |  |
| What areas of improvement do you want to focus on:   |                                    |                  |  |  |
|  |                                    |                  |  |  |
|  |                                    |                  |  |  |
| Please list any injuries, medical conditions or limitations:   |                                    |                  |  |  |
|  |                                    |                  |  |  |
| Past swimming experience:  |                                    |                  |  |  |
|  |                                    |                  |  |  |
| To help us match you up with the most appropriate instructor, pl                                     | ease answer vour preferences below |                  |  |  |
| Preferred Day of Week:  Monday  Tuesday  Wednes  |                                    | aturday 🛛 Sunday |  |  |
| Please check the time(s) of the day you are available to swim:                                       |                                    |                  |  |  |
| $\Box$ Early afternoon (12pm – 2pm) $\Box$ Early Evening (4pm – 6pm) $\Box$ Late Evening (6pm – 8pm) |                                    |                  |  |  |
| Specific instructor:   |                                    | ,                |  |  |
| Preferred Start Date:  |                                    |                  |  |  |

An instructor will contact you to set up an appointment.