PRIVATE SWIM LESSONS AT RCC



CONTACT INFORMATION

RCC'S Terry L. Smith Aquatics Center offers private swim lessons for all ages. Lessons are one-on-one and offer a flexible range in dates and times. Lessons are taught by RCC-certified instructors in 30-minute increments; multiple hours/days may be requested.

Inquiries and requests may be sent to RCCcontact@fairfaxcounty.gov



\$40 RESTON / \$60 NON-RESTON PER PERSON

LESSON INFORMATION

How can we reach you? We will call/email to finalize a request.	When are you available to start swimming? How many lessons would
Date:	you like?
Name:	Dates/Days Requested:
Phone Number:	Times Available
Email Address:	
STUDENT INFORMATION	INSTRUCTOR INFORMATION
Who is the lesson for? What can they already do?	What do you wish to accomplish? We will pass this information
Student Name:	to the instructor.
Age:	Goals/Skills To Work On:
Current Skill Level:	
PRIVATE LESSON POLICIES, RULES & PROCEDURES	
 The availability of our instructors is subject to change without notice. Private lesson reservations must be paid in advance. Refund requests received 14 days or more prior to start of a lesson will receive a full refund less a 20% processing fee. 	 All reservations represent a commitment to the specified days. Refund requests received fewer than 14 days before the start of a lesson will be granted only under emergency circumstances and with approval of the aquatics program manager.
By signing below, I acknowledge that I have read, and agree to, the Policies, Rules, information for any of our instructors.	and Procedures listed above. I understand that RCC staff will NOT disclose contact
I recognize that there may be risks in participating in programs and activities being any person participating in any such program or activity should be covered by insu RCC, the Governing Board of RCC, the Board of Supervisors of Fairfax County, the exprotected against claims for liability by the doctrine of sovereign immunity, and I again may result from my participation. If I am registering a child, by my signature below representations stated above on behalf of that child. I also recognize that employe either archival or public relations purposes. By my signature below, I acknowledge	rticipation in RCC programs is contingent on all the following conditions. If offered by Reston Community Center ("RCC"), and I understand that RCC strongly recommends the trance while participating in any such program. By my signature below, I acknowledge and agree the employees of RCC and Fairfax County, together with the volunteers assisting RCC and the County, agree to hold such entities and persons harmless from any and all property damage or bodily injury the parent/legal guardian of the child being enrolled and that I am making the east of RCC and/or the County may take and edit photographs and/or video tapes of RCC programs for and agree that any such photographs and/or videos are the property of RCC and/or the County, the County without compensation to me, and that any such photos and/or videos may be subject to the lature below, I acknowledge and agree to the RCC refund and cancellation policy.
Signature: P	rint: Date:
RCC E	MPLOYEE USE ONLY
Request Processed:	Recurring/Single:
Lesson Date/Time:	Instructor Name:



