

# UCPA SWIM LESSONS

Looking to learn how to swim or improve your technique? UCPA instructors work with all ages and abilities to become better swimmers in all aquatic activities; such as competition, water polo, triathlons, scuba diving or surfing.

**About Us:** Instructors have experience in & around the pool as swimmers, water polo players and/or lifeguards. All are Red Cross certified in CPR & Safety Training.

**Lesson Options\*:** *Private:* Private lessons for swimmers of all levels for one-on-one instruction.  
\*30min in length

*Semi-Private:* Semi-private lessons are available for friends and families looking to schedule together and must provide both swimmers. It is recommended that both swimmers are of similar abilities.

*\*All participants must be potty trained. Swim diapers are **NOT** allowed in main pool.*

**To Schedule:** Visit the 'Lesson' tab under 'Aquatics' at [www.ucpalocalto.com](http://www.ucpalocalto.com) to see instructor availability and email your request (and alternatives) to [ucswimlessons@gmail.com](mailto:ucswimlessons@gmail.com).

Registration is on first-come, first- served basis, dates & times requested are not guaranteed.

Complete registration form & medical release forms.

**Rates & Payment:** *Members:* Lessons will be billed to club account.

*Non-Members:* Make checks payable to **UCPA**, no cash please.

Fees are incurred on the basis of enrollment, not attendance.  
Payment is due at the time of registration.

<b>Non-Member Single Lesson Rates per Swimmer (30 minute lesson)*</b>		
Lesson Options	Assistant Instructor	Head Instructor
Private	\$53	\$60
Semi-Private	\$40/Swimmer	\$45/Swimmer
<b>Session Rates per Swimmer ( 4 Consecutive Lessons within Same Week)</b>		
Private	\$200	\$230
Semi-Private	\$150/Swimmer	\$170/Swimmer

<b>Member Single Lesson Rates per Swimmer (30 minute lesson)</b>		
Lesson Options	Assistant Instructor	Head Instructor
Private	\$41	\$48
Semi-Private	\$30/Swimmer	\$35/Swimmer
<b>Session Rates per Swimmer ( 4 Consecutive Lessons within Same Week)</b>		
Private	\$160	\$180
Semi-Private	\$110/Swimmer	\$130/Swimmer

**Policies & Info:** **Cancelled/Missed Lessons:** 24 hour cancellation policy. Private or semi-private lessons must be cancelled or rescheduled **24 HOURS** by phone or email in advance. Lessons not cancelled 24 hours in advance are subject to full charges.

Lessons are held rain or shine. Cancellations by management due to facility or weather related circumstances, such as pool maintenance, severe weather (lightening) will be credited to your account.

**Diapers:** Swim diapers & children who are not yet potty-trained are **NOT PERMITTED** in the main pool.

**Child Illness:** If your child has a cold, but is eating well & acting normal, bring him or her to the lesson. Our pool chemicals meet the highest health standards. Please do not bring a child who is not eating, has a fever, is listless, or shows signs of bacterial infection.

**Arrival:** Please arrive at least 5 minutes prior to scheduled lesson. Lessons will end at scheduled time regardless of arrival time.

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Contact UCPA Aquatics Staff:

**Attn:** Aquatics

**Address:** 3277 Miranda Avenue, Palo Alto, CA 94304

**E-mail:** [ucswimlessons@gmail.com](mailto:ucswimlessons@gmail.com)

**Phone:** 650.493.2375

The Aquatics Department will contact you within 2 weeks of receiving your request.

## Medical & Liability Release Form

Member #: \_\_\_\_\_ Non-Member:

Swimmer name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Swimmer name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Please list any special needs and medical information (i.e. allergies) pertaining to your child that our staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, I/we authorize treatment and/or care of the above named child at any hospital. If there is an emergency and I/we cannot be reached, please contact the person listed below who is authorized to act on my/our behalf:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

### Policies & General Information Agreement

I, the undersigned, by affixing my signature, declare that I have read and understand the above rules and regulations governing my use of the facilities, fees, payments, policies and general information including cancellation policies at the University Club of Palo Alto.

By signing here I/we, agree that I/we have fully read and understand the rules and regulations disclaimer provided with this registration form and that no discrepancies or misunderstandings can occur.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date