



Swim Lessons

Private Swim Sessions: All swim lessons are one-on-one training sessions catered to your specific ability, needs and goals.

Semi-Private Swim Sessions: Sessions that can accommodate 2 people of similar skill.

Prices reflect total amount for a two-person session. Participants are responsible for finding a partner for the semi-private grouping.

**Non-Members signing up for multi-session services are required to complete a health history questionnaire and obtain an Exercise Recommendation form if necessary prior to participation.*

	30-Minute Private Sessions		1-Hour Private Sessions		30-Minute Semi-Private Sessions		1-Hour Semi-Private Sessions	
	Member	Non-Member	Member	Non-Member	Member	Non-Member	Member	Non-Member
1 Session	\$25	\$30	\$40	\$45	\$40	\$50	\$55	\$65
5 Sessions	\$100	\$125	\$175	\$200	\$175	\$225	\$275	\$325
10 Sessions	\$150	\$200	\$300	\$350	\$300	\$400	\$450	\$550

Appointment Cancellation Policy: A 24-hour notice of cancellation is requested. After one violation, a full session will be deducted from the remaining appointments. The policy will not renew with the purchase of additional sessions.

Non-members are required to complete a Health History Questionnaire (and obtain a Exercise Recommendation Form, if necessary, based on risk factors) prior to participation.

**Please visit the Member Services desk
or call 814-868-7800 to
schedule your session.**

LECOM
THE JOHN M. & SILVIA FERRETTI
MEDICAL FITNESS & WELLNESS CENTER



Swim Lessons Interest Form

Our goal is to provide each member with individualized attention, personalized instruction, and multi-dimensional programming options that will significantly contribute to his/her fitness and wellness goals. Please fill out this form and return it to the Member Services Desk.

Name: _____ ☐ Current Member ☐ Non-Member

Age: _____ Email: _____

Phone (home): _____ Phone (cell): _____

HEALTH & FITNESS GOALS: (Please check all that apply.)

<u>General Health</u>	<u>Fitness</u>	<u>Swim Styles to Improve/Learn</u>
<input type="checkbox"/> Weight management	<input type="checkbox"/> Increase aerobic capacity	<input type="checkbox"/> Freestyle
<input type="checkbox"/> Lower cholesterol	<input type="checkbox"/> Increase muscular strength	<input type="checkbox"/> Breaststroke
<input type="checkbox"/> Improve body composition	<input type="checkbox"/> Improve flexibility	<input type="checkbox"/> Backstroke
<input type="checkbox"/> Reduce stress	<input type="checkbox"/> Improve balance	<input type="checkbox"/> Butterfly
<input type="checkbox"/> Reduce risk of disease	<input type="checkbox"/> Strengthen core (abs/back)	<input type="checkbox"/> Water treading
<input type="checkbox"/> Other specific goal(s): _____		

Please list any injuries or joint limitations: (Include neck, shoulders, hips, knees, low back, etc.)

Do you know how to swim? Y N Please specify past swimming experience:

To help us match you up with the most appropriate swim instructor, please circle your preferences below.

1. Number of Desired Swim Lessons per Week:	1	2	3	4	5		
2. Lesson Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3. Time of Day:							
<input type="checkbox"/> Early morning (5 a.m. – 8 a.m.)	<input type="checkbox"/> Late morning (8 a.m. – noon)	<input type="checkbox"/> Early afternoon (noon – 3 p.m.)					
<input type="checkbox"/> Late afternoon (3 p.m. – 6 p.m.)	<input type="checkbox"/> Early evening (6 p.m. – 8 p.m.)	<input type="checkbox"/> Late evening (8 p.m. – 10 p.m.)					
4. Instructor:							
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Preference	<input type="checkbox"/> Specific: _____				
5. Preferred start date: _____							

The swim lessons coordinator will contact you to set up an appointment.
All sessions will expire six months from the date of purchase.

Staff Only: Date: _____ Name: _____