



Welcome to the Mountain Park HOA Adult Swimming Lesson Program -

We are so excited you have made the decision to pursue your fitness goals with the support of one of our Private Swim Instructors at Mountain Park.

You will find everything you will need to get started with your Swim Instructor included in this packet. Please complete all of the forms attached at your earliest convenience. While it is helpful for your Swim Instructor to have as much information as possible, in order to develop a personal program tailored to your specific needs, you are not under any obligation to provide information you do not feel comfortable sharing. As soon as they have been completed, return them to the Aquatics Coordinator at the Clubhouse at Mountain Park.

Once we have your paperwork, you can expect to be contacted by your Swim Instructor within ten business days to arrange your first swimming lesson, and to determine which swim lesson package will align best with your goals.

If you have any questions or concerns, please do not hesitate to contact the Mountain Park Aquatics Coordinator at 971-377-7743.

We are so happy to be a part of your fitness journey!

Thank you—

Mountain Park Aquatics Coordinator



# Private Lesson Session Availability

Participant

Name \_\_\_\_\_ Member: o Y o N

E-Mail Address: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

What is your preferred form of contact?  Text  E-Mail  Phone

Are you purchasing sessions today?  Yes  No

## AVAILABILITY

What day(s) and time(s) of the week are you normally available to meet with a swim instructor?

\*Please x-out all of your available times to best fit you with a swim instructor\*

Time	Tuesday	Thursday	Time	Saturday
2:30			8:30	
3:00			9:00	
3:30			9:30	
4:00			10:00	
4:30			10:30	
5:00			11:00	
5:30			11:30	
6:00			12:00	

## RATES

Private lesson (1:1) rate per lesson—  
Member: \$50    Non-Member: \$70

Semi-Private lesson (2:2) rate per lesson—  
Member: \$70    Non-Member: \$90



## Private Swim Lesson Policies and Procedures

- Package sessions are non-refundable.
- Package sessions must be paid in full and are scheduled at the time of sign-up.
- Package sessions must be used within six months of the purchase date.
- Client must give 24 hours advanced notice, less than 24 hours or a no-show will result in a charge to the package session. **I AGREE AND UNDERSTAND. INITIAL HERE** \_\_\_\_\_
- Lifestyle Questionnaire, Par-Q (if applicable) , Physician Approval (if applicable) , and Private Lesson Agreement must be completed, signed, and on file prior to the beginning of the first session.
- Swim lesson sessions will begin promptly at the time specified by the client and trainer and end 25 minutes from that specified time. **I AGREE AND UNDERSTAND. INITIAL HERE** \_\_\_\_\_

## Waiver

I declare that I have read, understand and agree to the contents of this Private Swim Lesson Agreement in its entirety. I understand that the Assumption of Risk, Waiver of Liability, and Swim Instruction Policies and Procedures are intended to be as broad and inclusive as permitted by the State of Oregon and agree that if any portion is held invalid, the remainder will continue in full force and effect.

In participating in all private swim lesson programs sponsored by the Mountain Park Home Owners Association, I hereby acknowledge that I understand there are risks of accident resulting in bodily harm arising out of those activities. I further acknowledge that I have the physical capacity reasonably necessary to engage in these activities for which I have enrolled. In case of emergency, accident, or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I give permission to Mountain Park Home Owners Association Staff to release any records necessary for insurance purposes and to health care providers; and provide or arrange necessary related transportation. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the Mountain Park Home Owners Association, Boards, employees, volunteers, and agents be held harmless against all claims, damages, loss, or expenses including attorney fees arising out of or resulting from their participation in recreation programs. This completed form may be photocopied.

**\*I understand and agree to the contents above\***

\_\_\_\_\_  
**Participant Name (Printed)**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**



## Health History Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Please mark all conditions you currently have or have had in the past:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Heart Attack        | <input type="checkbox"/> Anemia               | <input type="checkbox"/> Swelling or joints              | <input type="checkbox"/> Stomach problems                             |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Thyroid condition    | <input type="checkbox"/> Recent surgery (last 12 months) | <input type="checkbox"/> Limited range of motion                      |
| <input type="checkbox"/> Heart murmur        | <input type="checkbox"/> Stroke               | <input type="checkbox"/> Epilepsy                        | <input type="checkbox"/> Arthritis                                    |
| <input type="checkbox"/> Trouble sleeping    | <input type="checkbox"/> Chest discomfort     | <input type="checkbox"/> Anxiety or depression           | <input type="checkbox"/> History of heart problems (immediate family) |
| <input type="checkbox"/> Back problems       | <input type="checkbox"/> Migraine or headache | <input type="checkbox"/> Fatigue                         |   |
| <input type="checkbox"/> Broken bones        | <input type="checkbox"/> Neck problems        | <input type="checkbox"/> Hernia                          |   |
| <input type="checkbox"/> Shortness of breath |   |  |   |

Please explain any conditions that you checked (i.e. treatment, symptoms, restrictions):

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- Do you have any injuries or orthopedic problems (bursitis, bad back, etc.)? Yes or No

If yes, please explain:

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Are there any other medical conditions or problems (past or present) not previously mentioned in this form that we should know about, or that may affect your ability to begin an exercise program? (Yes/No) If yes, please explain:

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Exercise History & Goals - Check which apply:

- I currently exercise.
- I do not currently exercise and have never exercised regularly in the past
- I used to be active but am not anymore. I would like to become active again.

If you do currently exercise, list those activities in which you participate and how much time you spend per week.

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If you do not currently exercise, why not? (perceived barriers, unsure of what to do, etc.)

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List any exercise, sport, or recreation activities in which you have participated:

- a. In the past 6 months: 

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- b. In the past 5 years: 

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How hard would you like to be pushed during swim lessons (1 = easy 5 = hard):

1                      2                      3                      4                      5

Please rate how important each of the following are to your private swim lesson goals on a scale of 1-10 (1 being unimportant and 10 being the most important):

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| Increasing Breath Control _____     | Learn or improve Flip turns _____  |
| Learn basic swim skills _____       | Learn or improve dive starts _____ |
| Learn or improve Breaststroke _____ | Improve Swim Endurance _____       |
| Learn or improve Freestyle _____    | Improve Swim Speed _____           |
| Learn or improve Backstroke _____   | Body fat/weight loss _____         |
| Learn or improve Butterfly _____    | Enjoyment _____                    |
| Increase Energy _____               | Decrease Stress _____              |
| Social Interaction _____            |                                    |

What are your swimming and fitness goals for the next:

6 months: \_\_\_\_\_  
\_\_\_\_\_

1 year: \_\_\_\_\_  
\_\_\_\_\_