

PRIVATE BASKETBALL LESSONS

Session Length	Private Lesson Rates for 1 Person		Semi-Private Lesson Rates for 2 Person		Group Lesson Rates for 3 - 4 People	
	Member	Non-Member	Member	Non-Member	Member	Non-Member
30 min	\$28.00	\$36.00	\$17.00 each	\$25.00 each	\$14.00 each	\$22.00 each
45 min	\$40.00	\$48.00	\$24.00 each	\$32.00 each	\$20.00 each	\$28.00 each

PACKAGES

Buy 10 Lessons | Get 1 Free*
*(*Must purchase all lessons in package at 1 time)*

Cancellation Policy:

All cancellations must be received at least 12 hours before your basketball lesson in order to avoid being charged for your session. Clients who do not cancel with 12 hours notice will be charged for the canceled lesson. Choice Health and Fitness understands that emergencies happen. We provide every client with one free short-notice cancellation. You will not be charged for your first cancellation with less than 12 hour notice. Subsequent short-notice cancellations will be charged for the lesson. The free short-notice cancellation only applies if your basketball instructor at Choice Health & Fitness is notified prior to the lesson start time. No shows are not eligible for the free cancellation and will be charged. If you need to cancel a session, please call your instructor.

CHOICE PRIVATE BASKETBALL LESSONS - CONSULTATION INQUIRY

Child's Name: _____ Grade Level: _____ Date: _____

Parent/Guardian Name: _____ Preferred Contact: Phone or Email

Phone: _____ Email: _____

Has your child ever been enrolled in Choice Health & Fitness Basketball Academy? Yes No

Availability - Days & Times? _____

I hereby acknowledge the health of my child, listed above, to be ready for vigorous activity and authorize the directors to secure any emergency treatment deemed necessary, and that I hereby release the Grand Forks Park District, Choice Health & Fitness and all employees, executors, and heirs from all claims for injuries, which may be sustained by my child while attending this program. I also understand that any medical bills incurred by my child due to injuries will be my responsibility or the responsibility of my family health insurance plan.

Parent of Guardian Signature: _____ Date: _____

CHOICE PRIVATE BASKETBALL **LESSONS**

Choice Health & Fitness offers private basketball lessons for every age and ability.

