



Transpersonal Swimming Institute's
Introductory Instructor Training

"How to Be 100% Successful Teaching Afraid Students"

Name: _____

Day Phone: _____

Evening Phone: _____

Cell Phone _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Which training do you wish to take?

____ One-day ____ Part of the Full Training Program

____ Full Training Program ____ Extended Program

If the Part of the Full Training Program, which part do you want to take:

____ Part 1

____ Parts 1 and 2

____ Part 2

____ Parts 2 and 3

____ Part 3

Teaching Experience (# Years): _____

Teaching Adults Experience (# Years): _____

Your Swim School: _____

Certifications (WSI, CPR, etc.): _____

1. What is your goal for (teaching) adult students who are afraid in water?

2. What would you like to add to your knowledge about teaching afraid adults?

3. Is there anything missing, in your opinion, from the training you received to teach people who are afraid?

4. What's the main thing you've learned about working with afraid adults?

5. What percentage of your clientele is adults? _____

6. What percentage of your clientele is afraid students? _____

7. What percentage of your clientele would you LIKE TO BE adults? _____

8. What percentage of your clientele would you LIKE TO BE afrails? _____

7. What is the depth range of the pool you teach adults in? _____

8. What is the temperature of the pool you teach adults in? _____

After submitting this form, please go to the link at the One-Day Training web page to submit your payment.

Signature

Date

Print Name

SATISFACTION GUARANTEED OR YOUR TRAINING FEE BACK

We guarantee that your satisfaction with our One-Day Training program for teaching afraid students. If you are not satisfied, you must request a refund within 7 days of the Training, in writing.