

## **Private Swimming Lesson**

Private lessons offer one-on-one instruction with an experienced swim instructor to get you swimming the way you want. Available for ages three and up and open to everyone from beginners to advanced swimmers.

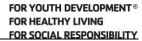
The lessons	consist of 4 (	four), 30 (thi	rty) minute ses	ssions.			
YMCA member - \$110				Non-member - \$160			
The lessons	consist of 8 (	eight), 30 (th	irty) minute se	essions.			
YMCA member - \$200				Non-member - \$280			
The lessons	consist of 12	(twelve), 30	(thirty) minute	e sessions.			
YMCA member - \$290				Non-member - \$420			
Participant's	Name:						
				Gender:			
Mailing addr	ess:						
City: State:			tate:	Postal Code:			
Home phone:				E-mail:			
Parent's name:				Parent's phone:			
Parent's name:				Parent's phone:			
Emergency contact:				Emergency contact phone:			
Check your		☐ Beginner		□ Intermediate			
swimming ab	oility:						
· ·	•						
What are you	ur swimming	goals:					
What day(s)	of the week a	re you norm	ally available to	o meet with	an instructo	or?	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

In signing this form, I understand that:

- No-shows or cancellations received less than twenty-four (24) hours before scheduled appointment will be charged to the client
- No refunds are given for missed/ unused private lessons
- Lessons must be used within 6 months of purchased date.
- The participant is expected to be punctual and understand that the instructor may have appointments immediately preceding or following their appointment. The instructor is not obligated to stay past the allotted time scheduled for the appointment.

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored actives my expose my child to risk of injury. I agree to hold the YMCA harmless from any claims, which may occur through participation in any activity at the YMCA or in it programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for my child to an appropriate facility for treatment. As a YMCA participant, I authorize the YMCA to use any images taken of my child for promotional purposes of the YMCA. I have read and understand the above information. My child has permission to participate in the YMCA sponsored Youth Program in accordance with the conditions set forth above.

AC Lewis YMCA 350 S Foster Drive Baton Rouge, LA 70806 (225) 924-3606





Signature of Parent/ Guardian

Date