



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

## Semi-Private and Private Swimming

Semi-Private lessons are taught by a certified swim lesson instructor to allow participants to learn skills in a smaller ratio setting. Lessons are available for two-three participants, ages three and up. Private lessons are one-on-one instruction by a certified swim instructor to cater to the specific needs of individuals. Lessons are available for ages three and up. Both are offered during non-peak times and allow flexibility in scheduling.

4-30 Minute Lessons	\$110/Participant	\$160/Participant
8-30 Minute Lessons	\$200/Participant	\$280/Participant
12-30 Minute Lessons	\$290/Participant	\$420/Participant

Participant's Name: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Parent's name: \_\_\_\_\_ Parent's phone: \_\_\_\_\_  
 Parent's name: \_\_\_\_\_ Parent's phone: \_\_\_\_\_  
 Emergency contact: \_\_\_\_\_  
 Emergency contact phone: \_\_\_\_\_  
 Current Swimming Ability?      Beginner      Intermediate      Advanced  
 What are your swimming goals? \_\_\_\_\_  
 Do you have an instructor preference? \_\_\_\_\_

Select the days and times you prefer (√):

	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.**
- Please allow 24-72 hours to process your request. Staff will contact you via phone and e-mail with scheduling information.
- Staff attempt to cater to your day, time, and instructor preferences; however, preferences are not guaranteed.

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may 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 its 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.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date