



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Fee Paid: _____
Date: _____
Method: _____
Staff Initials: _____

Private Swim Lesson Registration Form

- Lessons are 30 minutes in length.
- You will be called when an instructor is available.
- Lessons are available in single units or can be purchased in a package of six (6).
- Instructors will schedule the lessons.
- If you fail to show up for a lesson, refunds will not be given, and the lesson will not be made up.
- You must give the instructor at least four (4) hours of notice if you will not be able to attend a lesson in order for the lesson to be made up.
- Full payment must be received prior to the first lesson.

Participant's Name: _____

DOB: ___/___/___ Gender: _____ Age: _____

Address: _____ City: _____ State: _____

Parent/Guardian: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Medical Alerts/Allergies: _____

Single Lesson Cost: **Members \$30** **Potential Members: \$40**

Block Rate Cost (6 lessons): **Members: \$125** **Potential Members: \$150**

Best Days and Times:

-Times (Please list time available):

Please note that there are times during the day during which lessons cannot be conducted

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Program Release/Waiver

Participant or guardians assumes all risks of injury arising out of his/her presence on or about the YMCA premises, use or intended use of equipment and facilities, or his/her participation in the activities of the Tiftarea YMCA, a Georgia chartered not for profit corporation and does hereby for himself, herself, heirs, executors, and administrators waive, release, and agree to hold free from all claims for damages the Tiftarea YMCA and its respective officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity, or promotions. I have answered all above questions accurately, and declare myself/family to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of the Tiftarea YMCA.

Signature of Adult Participant (18 years or older) or Parent/Guardian

Date