



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 (thirty) minute sessions.

YMCA member - \$110

Program member - \$160

The lessons consist of 8 (eight), 30 (thirty) minute sessions.

YMCA member - \$200

Program member - \$280

The lessons consist of 12 (twelve), 30 (thirty) minute sessions.

YMCA member - \$290

Program member - \$420

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: _____

Check your Beginner Intermediate Advance

swimming ability:

What are your swimming goals: _____

What day(s) of the week are you normally available to meet with an instructor?

	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 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

Paula G. Manship YMCA
8100 YMCA Plaza Dr. Baton Rouge, LA 70810
225 767 9622

Front Desk Use: 12private