



## Y AQUATICS PRIVATE LESSON REGISTRATION

Date of application: \_\_\_\_\_

Swim or aerobic lesson: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Goal of private lesson: \_\_\_\_\_

Preferred day and time of lesson: \_\_\_\_\_

How did you hear about private lessons? \_\_\_\_\_

Have you taken private lessons previously? \_\_\_\_\_

Y MEMBER	NON-MEMBER
1 Lessons: \$25	1 Lessons: \$35
2 Lessons: \$48	2 Lessons: \$68
4 Lessons: \$92	4 Lessons: \$132
6 Lessons: \$132	6 Lessons: \$192
8 Lessons: \$168	8 Lessons: \$248
10 Lessons: \$200	10 Lessons: \$300
12 Lessons: \$228	12 Lessons: \$348
14 Lessons: \$252	14 Lessons: \$392
16 Lessons: \$272	16 Lessons: \$432

After completing this form, you will be contacted by the aquatics director within the following 5 days to set up your lessons. If you must cancel a scheduled lesson, please notify the instructor at least 12 hours in advance.

I do give permission for my child and/or myself to be photographed or video taped while at the Blossman Family Y. The Blossman YMCA has my permission to obtain and/or give care to myself or my child if needed. I hereby release all rights and claims against the Blossman YMCA for any and all injuries and accidents including transportation to and from the YMCA activity or transportation for emergency medical treatment involving myself/or my child

Signature: \_\_\_\_\_ Date: \_\_\_\_\_