



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# PRIVATE SWIM LESSON REGISTRATION FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 PARENT NAME \_\_\_\_\_

**Private/Semi-Private Lessons for Y-Members Only Ages 3+  
3 hours of focused learning for just \$200!**

### INSTRUCTION

Preferred Instructor \_\_\_\_\_

Lesson Type (check one)

- Private
- Semi-private (up to 2 people)

Preferred Days of Week

M T W T F S S

Best Time of Day

AM  Afternoon  PM

Session Length

30  45 or  60 min

\*Lesson times are scheduled in the order of purchase date and availability of Instructors.

### GOALS SETTING

CHECK ALL THAT APPLY

- Conquering fear
- Improve health
- Learn the basics skills
- Competitive coaching
- Breathing
- Kicking
- Diving
- Arm movement
- Body position
- Muscle strength
- Endurance
- Sport specific
- Motivation/support
- Gain muscle
- Accountability
- Increase energy
- Balance/coordination
- Joint mobility
- Injury recovery
- Medical \_\_\_\_\_
- Other \_\_\_\_\_

### MEDICAL HISTORY

CHECK ALL THAT APPLY

- IEP/Spectrum
- Joint/mobility issues
- Near drowning
- Muscle injury
- Heart disease
- Respiratory disease
- Stroke
- Vertigo
- Sport injury
- Immune suppression
- Learning
- Allergies/Other \_\_\_\_\_

### AQUATICS STAFF USE ONLY

Start Date & Time \_\_\_\_\_

Assigned Instructor \_\_\_\_\_

I understand that the YMCA of Central Florida assumes no responsibility for injuries or illness which the participant may sustain as a result of his/her physical condition or resulting from his/her athletic activities, the aquatic program, the use on any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illnesses, which may result from my child's participation in these activities. I hereby release and discharge the YMCA of Central Florida, its agents, servant and employees from any and all claims for injury, illness, death and loss or damage which the participant may suffer as a result of his/her participation in these activities. I understand that the YMCA of Central Florida is not responsible for personal property lost or stolen while a member and/or program participant on Central Florida premises. I give my permission to the Central Florida YMCA to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a family's image or voice for the purpose of promoting or interpreting YMCA of Central Florida programs. **All registrations are final. Full refund will be given before the start of the first class, and no refunds will be given after the second class. A 75% refund less a \$10 fee may be given before the start of the second class. LESSON PACK VALID FOR 60 DAYS AFTER PURCHASE.**

Parent or Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Member Number: \_\_\_\_\_