

# PRIVATE SWIM LESSONS INTAKE REQUEST FORM

Give yourself the confidence life intended for you to have!  
We can help you jump in, face those fears and live your dream!

NAME \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_  
 PHONE \_\_\_\_\_ DATE FORM SUBMITTED \_\_\_\_/\_\_\_\_/\_\_\_\_  
 EMAIL \_\_\_\_\_  
 PARENT NAME \_\_\_\_\_

## LESSON OPTIONS

- Individual     Two-Person     Parent/Tot     Refine/Coaching

### INSTRUCTING

#### INSTRUCTOR PREFERENCE

- Male     Female     None

Specific Name \_\_\_\_\_

#### Class Days Per Week

1    2    3    4    5

#### Session Length

- 30     45     60min

#### Best Days of Week

M   T   W   T   F   S   S

#### Best Time of Day

AM   Afternoon   PM

### GOALS

#### 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

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



Please list any other details that would help us get to know you and your desired outcomes.

Note: This is a request form. We will be in touch as quickly as possible to get your lessons started!

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