



MCGAW YMCA AQUATICS
Private Swim Lesson Request Form

If you are a new client or have not taken private lessons within the last 6 months, this form must be completed, signed and submitted to the Aquatics Department before lessons can be scheduled.

Private swim lessons are intended for adults and children, 3 years and older, who need more individualized attention in their swimming skills and stroke development or are unable to participate in group swim lessons. Please read through the policies and procedures, fill out this form and return it to Member Relations or the Aquatics Department. If you have any questions please email: privateswimlessons@mcgawymca.org.

Once we have received your request form, the Aquatics Department will contact you to set up a lesson day and time. Please be aware that times are assigned on a first-come-first-served basis and we cannot guarantee the lesson time you choose or the instructor you request will be available. However, we'll do our best to accommodate you to the best of our abilities.

Important information about private lessons

- No-shows or cancellations received less than twenty-four (24) hours before a scheduled appointment will be charged to the client.
No refunds are given for missed/unused private lessons
Lessons must be scheduled within 3 months from purchase date and used within 6 months from the purchase 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.
To qualify for the member rate on a private lesson with 2 participants, both participants must be a member of the McGaw YMCA.
No more than 2 participants are allowed per private swim lesson. Both participants must be the same level/swimming ability in order to schedule lessons together.
Lessons will not be given until full payment is received.

A. Personal Information

Participant Name: _____ DOB: _____ Gender: M F
Additional Participant*: _____ DOB: _____ Gender: M F
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian Name: _____ Email: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____

C. Lesson Information (please check one)

How many lessons did you purchase? 1 Lesson (30 minutes) 5 Lessons (30 minutes)
Check your swimming ability: Beginner Intermediate Advanced
Which pool would you prefer? 4-Lane (warm water) 6-Lane (lap pool)
Would you prefer a male or female instructor? Male Female No preference
If you would like to request an instructor, please write their name here: _____
What are your swimming goals? _____

Additional comments the instructor should know: _____

If you marked 4-Lane Pool, what days of the week and times are you typically available to meet with an instructor?

Please Note: Available times may vary throughout the year. Times of lessons will be scheduled based upon availability of the pool and the instructor.

- | | | | |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Monday | <input type="checkbox"/> 7:00am-9:45am | <input type="checkbox"/> 1:00pm-4:30pm | |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> 7:00am-10:00am | <input type="checkbox"/> 1:00pm-5:30pm | <input type="checkbox"/> 6:00pm-7:00pm |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> 7:00am-9:45am | <input type="checkbox"/> 1:00pm-4:45pm | |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> 7:00am-10:00am | <input type="checkbox"/> 1:00pm-7:00pm | |
| <input type="checkbox"/> Friday | <input type="checkbox"/> 7:00am-11:00am | <input type="checkbox"/> 1:00pm-4:45pm | |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> 7:00am-12:00pm | <input type="checkbox"/> 2:00pm-4:00pm (when no parties) | |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> 8:00am-9:00am | <input type="checkbox"/> 10:00am-12:00pm | <input type="checkbox"/> 2pm-4pm (when no parties) |

If you chose 6 Lane Pool, what day(s) of the week are you normally available to meet with an instructor?

Please Note: Available times may vary throughout the year. Times of lessons will be scheduled based upon availability of the pool and the instructor.

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> Monday | <input type="checkbox"/> 6:00am-9:00am | <input type="checkbox"/> 9:00am-12:00pm | <input type="checkbox"/> 12:00pm-4:00pm |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> 6:00am-9:00am | <input type="checkbox"/> 9:00am-12:00pm | <input type="checkbox"/> 12:00pm-4:00pm |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> 6:00am-9:00am | <input type="checkbox"/> 9:00am-12:00pm | <input type="checkbox"/> 12:00pm-4:00pm |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> 6:00am-9:00am | <input type="checkbox"/> 9:00am-12:00pm | <input type="checkbox"/> 12:00pm-4:00pm |
| <input type="checkbox"/> Friday | <input type="checkbox"/> 6:00am-9:00am | <input type="checkbox"/> 9:00am-12:00pm | <input type="checkbox"/> 12:00pm-4:00pm |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> 6:00am-9:00am | <input type="checkbox"/> 9:00am-11:00am | <input type="checkbox"/> 1:30pm-6:00pm |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> 6:00am-10:00am | <input type="checkbox"/> 12:00pm-5:00pm | |

Membership waiver, Photography Release and Required Signature

In applying for YMCA membership and/or program participation, I agree to cooperate with others in supporting the YMCA mission goals and objectives and to abide by policies and procedures set forth by the McGaw YMCA Board of Directors. I do hereby agree to hold free from any and all liability the YMCA and its officers, employees, and members and do hereby myself, my heirs, executors and administrators waive, release and forever discharge any and all claims for damages which I may incur, or which hereafter accrue to me, arising out of or connected to my participation in any of the activities of the YMCA. I give permission and consent to the use of any photograph, videotapes or in other media record of my child's participation at the McGaw YMCA for any lawful purpose, without compensation on my behalf. If I choose not to have my child photographed, videotaped or in other recorded media, it is my responsibility to inform the photographer.

In signing this form, I understand that:

- No-shows or cancellations received *less than twenty-four (24) hours* before a scheduled appointment will be charged to the client.
- No refunds or credits will be given for any missed or unused private lessons.
- Lessons must be scheduled within 3 months from purchase date and used within 6 months of the purchase 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.
- To qualify for the members rate both participants must be current members of the McGaw YMCA.
- No more than 2 participants are allowed per private swim lesson.
- Lessons will not be given until full payment is received.

I HAVE READ AND AGREED TO ALL REQUIREMENTS ON BOTH SIDES OF THIS FORM

Adult Signature: _____

Date: _____