

PRIVATE & SEMI-PRIVATE SWIM LESSON REQUEST FORM

STAFF USE ONLY

K	Amount Paid:	Date Paid:	Staff Initials:
SWIMMER INFORM Swimmer's Name:			
Gender:	Date of Birth: _		
Address:			
City:		State: Z	IP:
Parent/Guardian's Name	e:		
		Alternate Phone:	
Email:			
Special Concerns/Reque	ests:		
LESSON PREFEREN			
Preferred Instructors N	ame:		No Preference:
Desired Lesson Day/Tin	1es*:		
*Please note that we do not g	guarantee desired days or	times as they will be based on inst	ructor availability.
		00 for members or \$120.00 \$72.00 for members or \$10	•
Dlease list secon	nd swimmer's name.		Gender:

The purpose of the Private Lesson Program is to provide:

- The opportunity for patrons to progress at a pace they set, in an environment appropriate for their needs in a one-on-one environment to facilitate skill acquisition.
- The opportunity to schedule lessons at a time that is conveinent for our patrons.

The Purpose of the Semi-Private Lesson Program is to provide:

- The opportunity for two participants who are in the same level and ability to work together toward skill development in an environment and pace set by them.
- The opportunity for two family members to have swim lessons at the same time
 to help facilitate efficient use of time. (Participants in this type of lesson are
 asked to understand that semi-private lessons with students of differing abilities
 will not be as effective as private lessons.)

General Information about Private and Semi-Private Lessons:

- All lessons consist of four 1/2 hour lessons and must be paid for in advance.
- If you are unable to attend a scheduled lesson, notice of at least 24 hours must be given, or the missed lesson will count toward the four sessions included in the full size.
- In the event of an injury or severe illness, the session may be rescheduled as part
 of the four sessions included in the full fee. (Please note, a written notice from a
 health care provider may be requested.)
- $\bullet\,$ All Private and Semi-Private Lesson Packages expire 6 months after purchase.
- Any special requests or physical concerns should be indicated in writing above.
- Allow up to 2 weeks after payment to be contacted by an instructor to schedule lessons.

I have read and understand the above information and agree to follow all rules and policies of the Door County YMCA:

Signature:	Date:



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AQUATICS STAFF

Form Received:	Instructor:
Instructor Emailed:	
INSTRUCTOR USE ONLY	
DATE & TIME OF LESSON	COMMENTS & NOTES
RECOMMENDATIONS & LESSON	I PLACEMENT:

RV 7.2.2020