



SUMMER 2017

PRIVATE SWIM LESSON REGISTRATION FORM

Participant Name: _____ Birth Date: ___ / ___ / ___ Age: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____ Day Phone/Work Phone: _____ E-mail: _____

Private Lessons: YMCA Members: \$75 Non-Member: \$95 Semi-Private: YMCA Member: \$60 Non-Member: \$80

_____ Private _____ Semi-Private

Please indicate **ONE** day of the week and **ONE** time slot:

Monday/ Wednesday:	Tuesday/Thursday:	Saturday:
_____ 3:30 pm	_____ 5:00 pm	_____ 10:00 am
_____ 4:00 pm	_____ 5:30 pm	_____ 10:30 am
_____ 4:30 pm	_____ 6:00	_____ 11:00 am
		_____ 11:30 am

*Private: Are a one-on-one experience with an instructor. Participants will learn skills at their own pace.
*Semi-private: Occur with a small group of 2-4 siblings or friends and an instructor. The participants will learn skills at their own pace.

Please indicate which session:

___ May: (MAY17) May 29th – Jun 17th

___ June: (JUN17) Jun 26th – Jul 15th

___ July: (JUL17) Jul 24th – Aug 12th

Waiver

I understand that the YMCA of the Coastal Bend 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 of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illness, which may result from my child's participation in these activities. I hereby release and discharge the YMCA of the Coastal Bend, 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. Cancellation Policy- In the case of a withdrawal, credits and refunds will only be issued up to 24 hours of the first class. Each session requires a minimum of 3 students enrolled. Classes with low enrollment may be combined or rescheduled. If a class is canceled, a credit or refund will be issued. No make-ups for missed classes.

Acceptance

I acknowledge the waiver set forth above, and being in sympathy with the Mission Statement of the YMCA of the Coastal Bend, agree to sign this waiver.

Parent Signature

Date