

SWIM LESSON REQUEST FORM Ages 3-18 YMCA OF THE COASTAL BEND

Please complete and return to the Welcome Center. An instructor will contact you within 3 business days.

PRIVATE LESSON ME	MBER	NON-MEMBER
Today's Date Preferred Start Date		
Participant Name(s)		
Age(s) (minimum age is 3 years)		
Parent/Guardian Name		
Phone Number	Secondary Nu	mber
Have you or your child/children had swim lessons with the YMCA previously? Yes No		
PLEASE SELECT THE NUMBER OF LESSON(S) YOU WOULD(3) THREE(6) SIX	(6) SIX	
PARTICIPANT(S) CURRENT SWIMMING ABILITY Afraid of water Can swim, but needs work Not afraid, but can't swim Can swim well, but technique work needed Other	J6	6- \$120- FREE 3- \$140- FREE
PREFERRED LESSON DAYS MondayTuesdayWednesdayThursday PREFERRED LESSON TIME MorningAfternoonEvening Specific		
PREFERRED COMMUNICATION METHOD PhoneText Email	vill result in the loss of the structor, communication is sons, and pool operating l r, the lesson is considered	lesson. s strictly between instructor and client. nours. used and will be subtracted from the number of lessons

Initial here to acknowledge understanding of the above policies and procedures _