



ABERDEEN FAMILY YMCA

PRIVATE SWIM LESSON REGISTRATION

Here to serve our community.

Participants Name: _____ DOB: ___/___/___

YMCA Member: ___ Yes ___ No

Contact Information:

Parent/Guardian Name: _____

Phone No: (Cell) _____ (Home) _____

Email Address: _____

Availability: Check the days that work best for your schedule:

Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____

Please check the box below to indicate which lesson you want, and fill out the information in that column.

COMPETITIVE PRIVATE SWIM LESSONS

Competitive technique improvement lessons

NUMBER OF LESSONS**

(1 session = 30 minutes)

Member

_____ 1 session (\$30)
 _____ 5 sessions (\$135)
 _____ 10 sessions (\$250)

Non-Member

_____ 1 session (\$45)
 _____ 5 sessions (\$180)
 _____ 10 sessions (\$395)

Member Group*

_____ 1 session (\$25) each
 _____ 5 sessions (\$115) each
 _____ 10 sessions (\$190) each

Non-Member Group*

_____ 1 session (\$40) each
 _____ 5 sessions (\$185) each
 _____ 10 sessions (\$310) each

Preferred Instructor

___ Jacob Angerhofer
 ___ Dawn Sahli
 ___ Amanda Mayer

PRIVATE SWIM LESSONS

Non-competitive, skill building lessons

NUMBER OF LESSONS**

(1 session = 30 minutes)

Member

_____ 1 session (\$25)
 _____ 5 sessions (\$110)
 _____ 10 sessions (\$200)

Non-Member

_____ 1 session (\$40)
 _____ 5 sessions (\$160)
 _____ 10 sessions (\$320)

Member Group*

_____ 1 session (\$20) each
 _____ 5 sessions (\$90) each
 _____ 10 sessions (\$160) each

Non-Member Group*

_____ 1 session (\$35) each
 _____ 5 sessions (\$155) each
 _____ 10 sessions (\$280) each

Preferred Instructor:

YMCA Waiver of Liability – I give my permission for the above participant to participate in the Aberdeen Family YMCA programs and events. I understand that accidents can and do happen and that the “YMCA” has no responsibility, assumes none, and carries no accident insurance for the participant’s medical expenses and well-being. I further understand that there is an inherent risk in all physical activities and that the participant assumes such risk. In case of an emergency, I consent to medical attention and/or emergency transportation. I waive all rights against the YMCA should injury or accident occur whether on the premises of the Y or any other premises in which the program/event takes place. I give the YMCA permission to use the participant’s picture in YMCA publications.

Signature: _____ Date: _____

* Limited pool space and time available.

* Assigned instructor will contact participant for scheduling.

* All lessons must be completed within 6 months. No refunds will be given for any reason.