



OFFICE USE ONLY	
Receipt # _____	
Amount Paid \$ _____	
Date _____	Staff Initials _____

Participants Name: _____ Male / Female

Date of Birth: Month _____ Day _____ Year _____ Age: _____

Ethnicity: White/Caucasian Black/African American Hispanic Asian Mixed Other: _____

Address: _____ City: _____ Zip: _____

Parents Name(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Information (must be someone other than parents/guardians)

Emergency Contact #1: Name: _____ Phone: _____

Emergency Contact #2: Name: _____ Phone: _____

Fees:

Children	SwimAmerica Participant	YMCA Member	Non-Member
1	\$15.00/half hour	\$23.00/half hour	\$30.00/half hour
2	\$22.00/half hour	\$33.00/half hour	\$45.00/half hour
3	\$27.00/half hour	\$38.00/half hour	\$55.00/half hour

ALL PRIVATE SWIMMING LESSONS MUST BE APPROVED/SCHEDULED BY AARON SETTLE.

Please complete the following questionnaire. You may stop the questionnaire after the first NO answer.

- | | | |
|--|-----|----|
| 1. Can your child go under without holding his or her nose and blow bubbles? | YES | NO |
| 2. Can your child float on his or her stomach for a period of 5 seconds or longer? | YES | NO |
| 3. Can your child float on his or her back for a period of 5 seconds or longer? | YES | NO |
| 4. Can your child swim freestyle 15 feet with their head in the water? | YES | NO |
| 5. Can your child swim Backstroke 15 feet remaining on their back? | YES | NO |
| 6. Can your child swim 25 yards freestyle and backstroke? | YES | NO |

Waiver of Liability

I hereby certify that my child is in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that the parent(s) or guardian(s) or contacts cannot be reached.

Picture Release

I (DO / DO NOT) (circle one) give permission to have my children(s) picture appear in any media type coverage approved by the Tri-County YMCA.

Parent/Guardian Signature: _____ Date: _____

PRIVATE SWIMMING LESSONS