



# YMCA Private Swim Lessons



### Members

- 1 - 30 Minute Lesson/ \$25
- 3 - 30 Minute Lessons/ \$60

### Non- Members

- 1 - 30 Minute Lesson/ \$30
- 3 - 30 Minute Lessons/ \$80

**A parent or guardian must be present during swim lessons**

Lesson#1/Instructor: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Lesson#2/Instructor: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Lesson#3/Instructor: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Register at YMCA front desk or call 937-8521 for more information.  
 Payment is due 24 hours in advance and is required for all lessons at the time of registration.  
 24-hour cancellation policy. No show = one lesson  
 No refunds will be issued if remaining lessons are not completed within 6 months

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Private Swim Lesson Registration Form

Lesson#1/Instructor: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Lesson#2/Instructor: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Lesson#3/Instructor: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Student Name \_\_\_\_\_ Parent Phone \_\_\_\_\_ Swimming Level \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

1 Lesson                      3 Lessons

Ethnicity: Latino(a) \_\_\_\_\_ White/Euro American \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Black/African American \_\_\_\_\_ American Indian \_\_\_\_\_ Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If Student is under 18, parent signature is required

**Santa Maria Valley YMCA Release/ Waiver**

I, the undersigned parent/person having legal custody of the above said minor, give permission for the minor to participate in the YMCA program described above. The minor is physically able and mentally prepared to participate in all activities for this program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the program. I will not hold the YMCA liable for any injuries incurred during the program whether caused by equipment or the acts or omissions of others including YMCA personnel. I further agree and specifically intend to waive as to the YMCA and staff, officers and directors thereof any claim known or unknown to me. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to the minor to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by any physician and/or surgeon whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs for medical care. If I participate in the program, whether as a coach, instructor, aide, spectator, or participant, I presently waive as to the YMCA and staff, officers, and directors thereof, any claim presently known or unknown damage to property or personal injury whether caused by equipment or the acts or omissions of others including YMCA personnel.

For Office Use Only:    Cost \$ \_\_\_\_\_    Receipt # \_\_\_\_\_    Staff Initials \_\_\_\_\_



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**No refunds will be issued if remaining lessons are not completed within 6 months of registration**