



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

2022 Summer Private Swim Lesson Registration Form

ALL LESSONS MUST BE COMPLETED WITHIN THE SESSION REGISTERED

Participant's Name: _____ DOB: ___/___/___
 Gender: _____ Age: _____
 Address: _____ City: _____ State: _____
 Parent/Guardian: _____ Cell Phone: _____
 Email: _____
 Emergency Contact: _____ Phone: _____
 Medical Alerts/Allergies: _____

Sessions (circle one):

Session 1	Session 2	Session 3	Session 4	Session 5
(May 30-June 10)	(June 13-June 24)	(June 27-July 8)	(July 11-July 22)	(July 25-August 5)

PRIVATE lesson package (circle one):

___ 6 lessons (30 minutes each) MEMBER: \$150 ___ 6 lessons (30 minutes each) POTENTIAL MEMBER: \$175
 ___ 8 lessons (30 minutes each) MEMBER: \$175 ___ 8 lessons (30 minutes each) POTENTIAL MEMBER: \$200

PREFERRED TIME: _____

SEMI-PRIVATE lesson package (12 & UNDER ONLY) (circle one):

___ 8 lessons (30 minutes each) MEMBER: \$150 EACH ___ 8 lessons (30 minutes each) POTENTIAL MEMBER: \$175 EACH

PREFERRED TIME: _____

CHILD REQUEST: _____

Program Release/Waiver

Participant or guardian assumes all risks of injury arising out of his/her presence on or about the YMCA premises, use or intended use of equipment and facilities, or his/her participation in the activities of the Tiftarea YMCA, a Georgia chartered not for profit corporation and does hereby for himself, herself, heirs, executors and administrators waive, release, and agree to hold free from all claims for damages the Tiftarea YMCA and its respective officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity, or promotions. I have answered all above questions accurately, and declare myself/family to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of the Tiftarea YMCA.

Signature (Parent or Guardian)

Date