

# YMCA of the Highland Lakes at Galloway-Hammond

## Basketball Private Lessons

### Individual

One hour session, scheduled individually with a trainer/coach. Each session is tailored to meet individual needs and improve upon skills. Any skill level encouraged from beginner to advanced levels. Get fit while having fun and improve your game in the process!

#### **Individual**

- 1 lesson \$30 Members \$35 Non-Members
- 4 lessons \$120 Members \$140 Non-Members

#### **Buddy session – 2 players**

- 1 lesson \$35 Members \$40 Non-Members
- 4 lessons \$140 Members \$160 Non-Members

***No lessons will be scheduled without registration and payment***

PARTICIPANTS NAME \_\_\_\_\_ SEX m/f \_\_\_\_\_ AGE \_\_\_\_\_ Grade \_\_\_\_\_  
ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_  
PARENT/ GUARDIAN NAME \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_  
In Case of Emergency notify (other than parent) \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

**PERMISSION FOR TRANSPORTATION:** The YMCA Staff has my permission to transport my child to and from program location in the event of an emergency. I understand reasonable precautions will be taken to ensure the safety and supervision of my child.

**MEDICAL WAIVER:** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the YMCA Staff to make arrangements to transport my child to the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical treatment, if, in fact, my child requires the attention of a physician.

**WAIVER:** I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not.

**PHOTO RELEASE:** I give my consent for pictures taken of my child involved in YMCA programs to be used for future YMCA promotions or display.

**REFUND/TRANSFER POLICY:** I understand that the YMCA has no refund policy. Details of the policy are available at the Member Services Desk.

**PARENT'S/GUARDIAN ACKNOWLEDGEMENT:** This is to acknowledge that I have read and agree to the above information. **Int.** \_\_\_\_\_

\_\_\_\_\_  
Signature or Parent Signature if under 18

\_\_\_\_\_  
Date