

YMCA of the Highland Lakes at Galloway-Hammond

Personal Aquatic Training

YMCA Aquatic Trainers are here to help you reach your fitness goals! Take your fitness program to new levels by cross training with a knowledgeable, experienced, safe, personal aquatic trainer who will motivate you, educate you, and encourage you. Training sessions may include lap swimming, stroke development, or deep water exercises. Contact one of our trainers to schedule your training session. Sessions are 45 minutes in length.

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|-------------------------------|--------------|------------------------|
| • Barbra Holley | 512-755-7500 | blholley4@yahoo.com |
| • Amanda Jaynes | 512-265-4168 | ajcarswell@hotmail.com |
| • Delta Thurman | 512-715-4973 | dthurman@austin.rr.com |
| • Laura Murray | 512-709-2408 | lamurray1972@yahoo.com |
| • Jim Cole (swim stroke only) | 512-632-9648 | jcole@ymcagwc.org |

Do you need help finding a trainer? YES OR NO

Do you have a trainer? If so who? _____

Contact Jennifer Kenson with questions: 512-756-6180

Individual Aquatic Training

- 1 Session:**
Members \$37
Community \$46
- 6 Sessions:**
Members \$192
Community \$239
- 12 Sessions:**
Members \$384
Community \$478

Buddy Aquatic Training

(not more than 3 people in session)

- 1 Session:**
Members \$47
Community \$58
- 6 Sessions:**
Members \$255
Community \$318
- 12 Sessions:**
Members \$510
Community \$636

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