



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Private & Semi-Private Swim Lessons Registration Form

YMCA OF THE HIGHLAND LAKES AT GALLOWAY-HAMMOND

Step 1: General Information

The YMCA of the Highland Lakes at Galloway-Hammond offers multiple options in swim lessons that will help participants start swimming at their desired level. Our certified, patient and knowledgeable Y swim instructors offer private and semi-private swim lessons for ages 2 years and up. When choosing a lesson type, think about your needs and what type of instructor will fit you best. Lesson lengths are 30 minutes and sample times are listed below. Participants will receive instruction from a Staff Swim Instructor (someone who is a certified swim instructor). We will contact you within five (5) business days after you have purchased your lessons to talk about a lesson structure that will fit your needs. Of note, lessons take place during normal pool hours; you will not be in the pool alone. We will do our best to accommodate your schedule but no time slots will be held until payment is completed.

STEP 2: LESSON PACKAGE

PRIVATE (1:1 ratio) with Staff Swim Instructor

Number of Sessions	Y Member Rate	Non-Member Rate	Selection
4 Sessions	\$85	\$105	
6 Sessions	\$125	\$149	
8 Sessions	\$160	\$191	

SEMI-PRIVATE* (1:2 ratio) with Staff Swim Instructor

Number of Sessions	Y Member Rate	Non-Member Rate	Selection
4 Sessions	\$105	\$125	
6 Sessions	\$145	\$173	
8 Sessions	\$180	\$215	

* Participants must be close to the same age and level in order to have lesson together. At least one participant must be a Y Member to receive the member rate.

STEP 3: LESSON

Listed below are **Sample Weekly Schedules** for Private and Semi-Private Swim Lessons. We recommend that participants go at least two times per week in order to retain information. After you register, we will discuss a schedule that meets your needs. Someone will contact you to set up your lessons within five business days of your registration.

Days
Mondays & Wednesdays
Tuesdays & Thursdays
Mondays & Thursdays
Fridays & Saturdays

Please note that available times for Private and Semi-Private Swim Lessons will vary as we have to work around our Group Swim Lesson schedule and instructor availability.

Y STAFF

Private

Total Purchased:

Date:

Initials:

Semi-Private

Total Purchased:

Date:

Initials:

STEP 3: PARTICIPANT

PARTICIPANT 1 NAME: _____ GENDER: _____ AGE: _____

PARTICIPANT 2 NAME: _____ GENDER: _____ AGE: _____

ADDRESS: _____

D.O.B.: _____ CITY: _____ STATE / ZIP: _____

DESIRED START DATE*: _____ DESIRED START TIMES* _____

* Please note that we do not guarantee this date or times as they will be based on instructor availability.

PARENT / GUARDIAN NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

MEDICAL CONCERNS (please list any special conditions or limitation your child may have as well as any food, medicine or plant allergies, previous or existing illness, medications, hospitalizations, or medical requirements within the past 12 months):

Please **INITIAL** or **ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE**

_____ **ADA Policy** (REQUIRED): Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ **Waiver for Medical Treatment** (REQUIRED): In the event that I and/or my child require emergency treatment and our emergency contact cannot be reached, I hereby authorize the Y to make arrangements to transport me and/or my child to the nearest hospital emergency facility. I give my consent for any and all necessary medical treatment, if, in fact I and/or my child require the attention of a physician.

_____ **Waiver for Participation** (REQUIRED): I understand that Y activities have inherent risks and I hereby assume responsibility for all risks and hazards to me and/or my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my use of the facilities or participation in the Y program.

_____ **Waiver for Photo / Video / Audio Release** (OPTIONAL): I give my consent for any photos, video and/or audio taken of me and/or my child involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ **Change / Cancellation / Refund Policy** (REQUIRED): I understand that changes / cancellations / refunds are not permitted within the aquatics department unless a physicians note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are at the discretion of the aquatics director. Unused sessions are nonrefundable. Classes cancelled due to weather will be rescheduled if less than 10 minutes of the lesson took place. There is a 24-hour cancellations policy for the day of a lesson. You must contact the aquatics office at (512) 756-6180. Day of cancellations cannot be handled at the Member Services Desk. If the participant is more than five (5) minutes late for a session, does not call to cancel their lesson within 24 hours, or does not show up, the participant will still be charged for that scheduled lesson.

_____ **Additional Notes** (REQUIRED): The Y reserves the right to cancel this lesson due to unforeseen circumstances. Classes will be rescheduled if needed. All non-potty trained children must wear a swim diaper and swim liner, which can be purchased at the Member Services Desk. Financial assistance is available for all those who qualify. For any questions or concerns, please contact the YMCA of the Highland Lakes at (512) 756-6180.

By signing below, I agree that I have read and understand all of the above information as it relates to YMCA of the Highland Lakes aquatics

Parent / Guardian Signature: _____ Date: _____

YMCA OF THE HIGHLAND LAKES AT GALLOWAY-HAMMOND

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