



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOR OFFICE USE ONLY	Instructor: _____
	Day(s): _____
	Time(s): _____

Private/Semi-Private Swim Lessons SOUTH ORANGE FAMILY YMCA



REGISTRATION PROCESS & POLICIES

Complete and return the form below to the aquatics office for processing. Once processed, the aquatics office will contact you regarding scheduling. **Completing this form does not guarantee enrollment in private lessons.** You will not be charged until your schedule and package selection is confirmed. Private lessons are scheduled in 30 minute increments with an instructor. Availability is based on pool schedule and instructor availability.

PACKAGE OPTIONS & PRICES	PRIVATE 1-on-1 Session		SEMI-PRIVATE 2-3 Swimmers of the same ability (Prices per swimmer)		ADAPTIVE IEP Required.	
	30 MIN	60 MIN	30 MIN	60 MIN	30 MIN	60 MIN
1 LESSON	\$50	\$100	\$32	\$64	\$30	\$60
4 LESSONS	\$180	\$360	\$102	\$204	\$100	\$200
6 LESSONS	\$260	\$520	\$152	\$304	\$150	\$300
8 LESSONS	\$340	\$680	\$202	\$404	\$200	\$400

Private/Semi-Private Lesson Registration Form

Please complete this section and sign back of sheet:

Lesson Type: Private Semi-Private

Package Type: 1X 4X 6X 8X

PARTICIPANT INFORMATION

PARTICIPANT'S NAME:

AGE:
(Must be 5 or older or 4 with an evaluation.)

PRIOR SWIMMING EXPERIENCE:

PERSONAL GOALS:

PREFERRED DAYS/TIMES:

CONTACT INFORMATION

CONTACT'S NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE #:

E-MAIL:



Private/Semi-Private Lesson Agreement SOUTH ORANGE FAMILY YMCA

Please initial each line and sign below.

I understand that all balances must be paid 48 hours prior to the start of this package.
Initial here: _____

I understand that I must give 24 hours notice of cancellation by contacting the aquatics office or be charged for the missed lesson. Lessons cancelled due to facility closure or instructor absence will not be charged.
Initial here: _____

I understand that if I have 3 No Show lessons during this package, that I will forfeit my private lesson spot.
Initial here: _____

I understand that no credits/refunds will be given for missed/unused lessons unless a valid doctor's note is provided. Lesson packages are non-transferable and must be redeemed by the registered participant.
Initial here: _____

I understand if I arrive late to my scheduled lesson time, any missed time is forfeited.
Initial here: _____

I understand I must adhere to all YMCA policies and codes of conduct while in the facility.
Initial here: _____

PARTICIPANT'S NAME (Please print)

PARTICIPANT'S SIGNATURE

PARENT'S/GUARDIAN'S NAME (If participant is under 18)

PARENT'S/GUARDIAN'S SIGNATURE (If participant is under 18)

DATE:

FOR OFFICE USE ONLY

Date Received: _____ **Received by:** _____ **Date Processed:** _____