



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## FORT MADISON FAMILY YMCA PRIVATE / SEMI-PRIVATE LESSONS

### LESSON SELECTION

All lessons are 30 minutes in length

Instructor Name \_\_\_\_\_

*Please Check*

Private Swim Lessons	Semi-Private Swim Lessons
<input type="checkbox"/> 5 Lessons Members \$50	<input type="checkbox"/> 5 Lessons Members \$35 *Per Person*
<input type="checkbox"/> 5 Lessons Non-Members \$75	<input type="checkbox"/> 5 Lessons Non-Members \$60 *Per Person*

### PARTICIPANT INFORMATION

PARTICIPANT NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MEDICAL CONCERNS (please list any special conditions or limitations your child may have)  
\_\_\_\_\_  
\_\_\_\_\_

### SWIMMING ABILITY & GOALS

Please describe participant's swimming ability or YMCA level; also include any goals the participant wishes to attain.  
\_\_\_\_\_  
\_\_\_\_\_

### SWIM INSTRUCTOR USE ONLY – *please mark date & time for each lesson*

1<sup>ST</sup> SESSION: \_\_\_\_\_

3<sup>RD</sup> SESSION: \_\_\_\_\_

2<sup>ND</sup> SESSION: \_\_\_\_\_

4<sup>TH</sup> SESSION: \_\_\_\_\_

5<sup>TH</sup> SESSION: \_\_\_\_\_

**Office Use Only:** Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Staff Int. \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit/Debit \_\_\_\_\_