

## YWCA Private Swim Lessons Registration Form

	Lesson 1	Lesson 2	Lesson 3	Lesson 4	Lesson 5	Lesson 6
<b>Date</b>						
<b>Time</b>						

**\* Lessons must be arranged with the Aquatics Manager prior to turning in the form to the front desk for payment. Payment in full is due before the start of the first lesson. No personal training or team training outside of Industrial Strength and YWCA programming is permitted.**

**Aquatics Manager:** Jeff Nerret @ 980-585-0509 or [aquatics@ywcacentralcarolinas.org](mailto:aquatics@ywcacentralcarolinas.org)

**Rates:**

- **Private:** \$175 (6 lessons – each lesson is 30 minutes). One student per instructor.
- **Semi-Private:** \$255 (6 lessons – each lesson is 30 minutes). Two to three students per instructor.

**Cancellations:** Missed scheduled private lessons will not be made up. Participants may cancel a lesson and reschedule for a later date with a minimum of a two hour notice. If weather or a pool closing forces cancellation of a lesson, the lesson will be made up according to participant's wishes. If an instructor has to cancel a lesson, all efforts will be made to inform the participant and the lesson will be rescheduled for a later date.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Emergency Contact/Relationship/Phone:** \_\_\_\_\_

Participant Name(s)	Level	Birthdate	Age

**How did you hear about us?**

- Facebook/Instagram Post     Word of mouth/friend: \_\_\_\_\_  
 Front Lawn Banner/Sign     Local Business (We'd like to thank them! Please specify): \_\_\_\_\_  
 Google Search     Community Newsletter: (Please specify): \_\_\_\_\_  
 Other: \_\_\_\_\_    ☀️ **Ask the front desk about a 4-Day Visit Pass and try out our gym!** ☀️

**Waiver/Consent Form**

I hereby consent for my child, named on the registration, or myself to participate in YWCA swim lessons and agree to release the YWCA Central Carolinas, swim instructors and lifeguards from any claims that may arise from injuries suffered by my child during swim instruction. Further, I authorize the YWCA Central Carolinas to provide for emergency treatment for illness or injury to me or my child, if qualified medical personnel consider the treatment necessary and perform treatment. I consent to the release of photos of the participant for marketing purposes. Registering for this course adds me to the YWCA email and mailing distribution list. I understand I may opt out at any time. I acknowledge the prerequisites to participate and attest that I meet all requirements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**YWCA STAFF ONLY:**

Amount paid: \_\_\_\_\_ Check # \_\_\_\_\_ CC \_\_\_\_\_ Cash \_\_\_\_\_ Entered in EZ: (Circle): YES NO  
 Today's Date: \_\_\_\_\_ Employee's name: \_\_\_\_\_ Entered on Tracking Form: YES NO