

Private Swimming Lessons Policies

Effective 5/1/2012

1. All private lessons must be scheduled through the Aquatics Director.
2. Private lessons may be for anyone 3 years of age or up.
3. The Aquatics Director and the instructor have the right and ability to determine children's swim level.
4. Lessons must be paid on or before day of lesson. Please bring receipt to the instructor.
5. If you need to cancel a lesson we require 24-hour notice (unless medical emergency), otherwise, payment for the lesson will be forfeited.
6. Private swim lessons are not restricted to a set number of sessions.
7. Observers may watch from the deck or the lobby.
8. A \$20 registration fee will be charged to non members signing up for Private Lessons.

(1 student per teacher)

Number of ½ hour sessions	Member Only Rates
1	\$20
4	\$80
6	\$120
8	\$160

Participant Information:

Name: _____ Age: _____

Availability- Days: _____ Times: _____

Goals: _____

Instructor if Known: _____

Phone: _____ Email : _____

Parents/Guardian Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____ Relation: _____

Medical Treatment: I hereby give permission for myself or my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for myself/ my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary of advisable by the physician to safeguard myself/ my child's health.

Release of Liability: Recognizing that the YMCA sill do its best to ensure a safe experience, I understand that accidents may occur both from my participation in aquatics activities and from transportation to and from the program. As the legal guardian of this child/myself I agree to assume these risks. By signing below, I release the Saint Cloud Area Family YMCA, its employees, volunteers, independent contractors, directors, and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or me, from participation in the aquatics program.

Signature of Legal Guardian _____ Date _____