



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Private Swim Lesson New Registration Form Waynesboro Area YMCA

Date: _____ Member _____ Non-Member _____

Swimmer's Name: _____ Age: _____

Have they ever taken swim lesson before? Yes _____ No _____

If Yes, where? _____

Parent/Guardian:

Name: _____ Email: _____

Primary Phone: _____ Alternative Phone: _____

Days and Times Available (list as many as possible)

Big Pool _____ **Small Pool** _____

Do you have any special considerations which will help us meet your needs?

You will be contacted by a swim instructor to schedule your lessons. Any balance due should be paid prior to the first lesson.

Please contact cassidy@waynesboroyymca.org with questions about registration, payment or general questions about lessons.

Please Note: You must give 24 hours' notice to the instructor to cancel your private lesson or you will be charged for that day.

Front Desk: Date Received: _____ Registered: Yes ____ No ____ Paid: Yes ____ No ____