



Central Park Athletics YMCA Private Swim Lesson Request Form

A. Personal and Family Information

Participant Name: _____ DOB: _____ Gender: M F
 Address: _____ City: _____ Postal Code: _____
 Parent/Guardian Name: _____ Email: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Additional Participant(s): _____ DOB: _____ Gender: M F

B. YMCA Membership Status

Candidate current membership status: YMCA Member Non-member

C. Lesson Registration

Private Swim Lessons	<input type="checkbox"/> 6 Lessons	30 minutes	Fee:	\$ 120 member/\$150 non-member
	<input type="checkbox"/> 6 Lessons	60 minutes		\$ 200 member/\$250 non-member
Semi-Private Swim Lessons	<input type="checkbox"/> 6 Lessons	30 minutes	Fee:	\$ 160 member/\$190 non-member
	<input type="checkbox"/> 6 Lessons	60 minutes		\$ 300 member/\$360 non-member

Circle your swimming ability: Beginner Intermediate Advanced

Name a specific swim instructor you would like (if you are unsure, leave blank) _____

Would you prefer a male or female instructor? Male Female No preference

Request Date / Time: _____

Alternative Date/Time: _____

What are your swimming goals? _____

D. Payment

Total amount enclosed: \$ _____

Method of Payment: Check (*Please make checks payable to YMCA of Western Ontario*) Visa MC

Credit Card #: _____ Exp date: _____

Name on CC: _____ Billing Postal Code: _____

In signing this form, I understand that:

- No-shows or cancellations received *less than twenty-four (24) hours* before a scheduled appointment will be charged to the client.
- No refunds are given for missed/unused private lessons.
- The participant is expected to be punctual and understand that the instructor may have appointments immediately preceding or following their appointment. The instructor is not obligated to stay past the allotted time scheduled for the appointment.
- To qualify for the member rate all participants must be members of the Central Park Athletics YMCA.
- Please contact Mustafa Shafi, Aquatics Manager if you have any questions or special requests at mshafi@ymcawo.ca

I HAVE READ AND AGREED TO ALL REQUIREMENTS ON THIS FORM.

Adult Signature: _____ Date: _____

*Become part of an inclusive, charitable organization that values diversity. Change
your life today!*

