



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025 Fall Private Swim Lesson Registration Form

FALL LESSONS MUST BE COMPLETED WITHIN THE SESSION REGISTERED

Participant's Name: _____ DOB: ____/____/____

Gender: _____ Age: _____ For Ages 3 and older

Address: _____ City: _____ State: _____

Parent/Guardian: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Medical Alerts/Allergies: _____

Preferred Instructor If Applicable: _____

Sessions (circle one):

Session 1
(Aug 18th-Aug 29th)

Session 2
(Sept 8th-Sept 19th)

Session 3
(Sept 22nd-Oct 3rd)

Times are 4:00 pm – 7:00 pm Monday, Wednesday, Thursday

4:00 – 4:30 – 5:00 – 5:30 – 6:00 – 6:30

Please circle one of the above start times

_____ 6 lessons (25 minutes each) MEMBER: \$150

_____ 6 lessons (25 minutes each) NON-MEMBER: \$175

Please come to the YMCA front desk at to schedule your times.

Refund Policy

If you decide to cancel your swim lesson sessions, 48 hours BEFORE the session starts, then you will receive a full refund.

I have thoroughly read through the YMCA Swim Lesson Information handout and fully acknowledge the refund policy stated.

_____ Date: _____

Program Release/Waiver

Participant or guardian assumes all risks of injury arising out of his/her presence on or about the YMCA premises, use or intended use of equipment and facilities, or his/her participation in the activities of the Tiftarea YMCA, a Georgia chartered not for profit corporation and does hereby for himself, herself, heirs, executors and administrators waive, release, and agree to hold free from all claims for damages the Tiftarea YMCA and its respective officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity, or promotions. I have answered all above questions accurately, and declare myself/family to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of the Tiftarea YMCA.

Signature (Parent or Guardian)

Date