



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2026 Spring Private Swim Lesson Registration Form

ALL 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**  
(April 20<sup>th</sup>-May 1<sup>st</sup>)

**Session 2**  
(May 4<sup>th</sup>- May 15<sup>th</sup>)

**Session 3**  
(May 18<sup>th</sup>-May 29<sup>th</sup>)

Times are 4:00 pm – 6:00 pm - Monday, Wednesday, Thursday

4:00 - 4:30 - 5:00 - 5:30

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 to schedule your time.

### 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