



# Private Swim Lessons

The Spears Family YMCA offers both private and semi-private lessons. The lessons consist of 6 (six), 30 (thirty) minute sessions. These lessons are offered starting at age three (3) - Adult and at any skill level. Private lessons are done on a one on one basis in order to personalize the experience with a qualified swim instructor. Semi-private lessons can be done with a sibling, friend or spouse. Semi-private lessons are a maximum of 2 people. Costs: \$95 Members, \$125 Non-Members.

**PLEASE CIRCLE YOUR AVAILABLE TIMES:**

**TODAY'S DATE:** \_\_\_\_\_

Monday	10:00 – 12:00	1:00 – 3:00	4:30 – 7:30
Tuesday	10:00 – 12:00	1:00 – 3:00	4:30 – 7:30
Wednesday	10:00 – 12:00	1:00 – 3:00	4:30 – 7:30
Thursday	10:00 – 12:00	1:00 – 3:00	4:30 – 7:30
Saturday	9:00 – 1:00		

**PLEASE CIRCLE ONE:** I would like one set of 6 private lessons.      I plan on continuing private lessons for 2 or more sets of 6 lessons.

Please list what you would like to accomplish or your reason for taking private lessons and/or what you are looking for in a swim instructor:

\_\_\_\_\_

**PARTICIPANT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female Member or Potential Member

Important Medical Information: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

How did you hear about us? : Newspaper (specify) \_\_\_\_\_ Website \_\_\_ Program Flyer \_\_\_ Other \_\_\_\_\_

3216 Horse Pen Creek Rd. Greensboro, NC 27410 – [www.spearsymca.org](http://www.spearsymca.org) - 387-9622

**Your signatures are required for program participation →**

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## **SPEARS FAMILY YMCA PRIVATE SWIM LESSONS AGREEMENT**

1. I understand that I may be placed on a wait list for private lessons, and it may take a few weeks before a Swim Instructor is available.
2. I understand I must present a receipt to the swim instructor before beginning private lessons, or the lesson will not be taught.
3. Children must be age 3 before beginning private lessons.
4. If you have to cancel a lesson, you will need to cancel 24 hours in advance in order to schedule a make-up class. If you do not cancel within 24 hours, the class time will be lost. All calls to cancel a lesson must go through Rob Overman, Aquatics Director. Please leave a voicemail message if the Coordinator is not available. Please be on time for your lessons, your instructor often will have other lessons to teach as well.
5. Lessons are either once or twice week. Once a week lessons will be completed within 6 weeks of the start date. Twice a week lessons must be completed within 4 weeks of the start date. Other arrangements may be made with approval of Aquatics Coordinator and Swim Instructor.
6. Make-ups will be given at the discretion of the instructor. All make-up lessons should be completed in the same session time that they are scheduled for.

I acknowledge that I have read and understand the Spears Family YMCA Private Swim Lessons Agreement.

Participant's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### **RELEASE AND WAIVER OF LEGAL LIABILITY**

**THIS IS YOUR RELEASE AND WAIVER OF LIABILITY** (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately. This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

1) **GENERAL RELEASE:** I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decide to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

2) **ASSUMPTION OF RISK:** I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

3) **MEDICAL RELEASE:** I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

4) **INSURANCE:** YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.

5) **PHOTOGRAPHIC RELEASE:** I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

**HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.**

Applicant or Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The mission of the YMCA to put Christian principles into practice through programs that build a healthy mind, spirit and body for all.*

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