



YMCA of the Sandhills

2717 Fort Bragg Rd.
 Fayetteville, NC 28303
 (910)426-9622

Private lesson Request Form Today's Date: _____

M/D/Y

Student Name: _____ Date of Birth: _____ M__ F__

Parent Name: _____ Email: _____

Home Phone: () ___-___ Cell Phone: () ___-___ Work Phone: () ___-___

Address: _____
Street Address City State Zip Code

Please check all of the student's current skills: Select Day/Time Preference(s): Please give time frame:

	Fully submerge for at least 3 seconds		Day	Pool Availability	Selected time
	Float on their front / back with support		Monday/Wednesday	3:00PM – 8:00 PM	
	Float on their front / back without support				
	Push off wall on front and/or back and glide		Tuesday/Thursday	3:00 PM – 8:00 PM	
	Combine arms and kick on front and/or back				
	Swim the width of the pool, any stroke		Saturday	9:00 AM – 3:00PM	
	Swim the length of the pool, any stroke				
	Successfully dive off wall				

Preferred instructor requested: _____

What would the student like to accomplish upon completion of the lessons? Please write any special requests. _____

Through the registration process, I hereby grant permission for me/ my child to attend the activity sponsored by the YMCA of the Sandhills. I understand that I am responsible for my and/ or my child's insurance in case of injury. Furthermore, I understand that although safety precaution will be observed, the YMCA of the Sandhills, employees and agents will not be responsible for any property lost by myself and/ or by my child for any injury sustained in the program. I also consent to the YMCA of the Sandhills use of any photographs and/ or video tapes made for the program. I understand that the instructor must be available for six classes; any classes canceled by myself are not guaranteed a make-up lesson.

FOR OFFICE USE ONLY

Contact Date: _____ Contacted By: _____ Notes: _____
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