



# YMCA of the Sandhills

2717 Fort Bragg Rd.

Fayetteville, NC 28303

(910) 426-9622

## Private Lesson Request Form

Date \_\_\_\_\_

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 correct skills:**

**Select Day/Time preference(s):**

**Please give time frame:**

|  | Day              | Pool Availability | Selected Time |
|--|------------------|-------------------|---------------|
| Fully Submerge for at least 3 seconds            |                  |                   |               |
| Float on their front and/or back with support    | Monday/Wednesday | 3:00PM-7:00PM     |               |
| Float on their front and/or back without support |                  |                   |               |
| Push off wall on front and/or back and glide     | Tuesday/Thursday | 3:00PM-7:00PM     |               |
| Combine arms and kick on front and/or back       |                  |                   |               |
| Swim the width of the pool with any stroke       | Saturday         | 9:00AM-3:00PM     |               |
| Swim the length of the pool with any stroke      |                  |                   |               |
| Successfully dive off the wall                   |                  |                   |               |

Preferred Instructor requested: \_\_\_\_\_

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

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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 **Four** classes; any classes canceled by myself will not be made up; unless a medical document is shown for absents. **Please give a copy of the receipt to the instructor on the first day of class each session. The instructor is unable to begin the lesson without proof of payment.**

\_\_\_\_\_  
Print Participants Name (or Parent/Guardian if under 18)

\_\_\_\_\_  
Signature of Participant Name (or Parent/Guardian if under 18)

## Office Use Only

Date Received: \_\_\_\_\_

Cashier's Initials: \_\_\_\_\_

|                     |                     |              |
|---------------------|---------------------|--------------|
| Contact Date: _____ | Contacted By: _____ | Notes: _____ |
| Contact Date: _____ | Contacted By: _____ | Notes: _____ |
| Contact Date: _____ | Contacted By: _____ | Notes: _____ |

## Instructors Class Schedule

| Date | Time Schedule |
|------|---------------|
|      |               |
|      |               |
|      |               |
|      |               |

Notes: \_\_\_\_\_

\_\_\_\_\_

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