C.W. Avery Family YMCA
Private, Semi- Private and Adaptive Private
SWIM LESSONS REQUEST FORM

STUDENT NAME: ____________________________ PARENT NAME: ____________________________

CONTACT NUMBER: __________________________ EMAIL ADDRESS: ____________________________

SKILL LEVEL OF STUDENT: (If student has participated in our swim program before, please list the class level)
_____________________________________________________________________________________

GOAL OF STUDENT:
_____________________________________________________________________________________

TYPE OF PRIVATE LESSON (please circle):  INDIVIDUAL   SEMI-PRIVATE   ADAPTIVE**

Private Swim Date/Time Selection: Please list on each day which times you are available. The more availability given will better assist in the scheduling of your student.

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<th>MONDAY:</th>
<th>THURSDAY:</th>
<th>SUNDAY:</th>
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<th>TUESDAY:</th>
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<th>WEDNESDAY:</th>
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Please review the following policies before beginning your private lessons. If you have any questions please contact Mary Zielinski, Aquatics Manager at (815) 782-0526 or mzielinski@jolietymca.org

1. One session of private swim lessons includes four 30-minute lessons to be taught during a preset 5-week session including a week for a makeup lesson if needed.
2. Cancellations made by the participant with more than 24 hours notice, or with a doctor’s note, will be made up by the instructor using the makeup week at the end of the session. No more than 1 lesson can be made up in a session. Cancellations made with less than 24 hours notice and without a doctor’s note will not be made up.
3. If an instructor cancels a lesson, the member will be offered either a substitute instructor or an alternate time, whichever is more convenient for the member. Lessons cancelled by the Y will be rescheduled at the earliest possible date.
4. Regardless of arrival time, lessons will end at the scheduled time.
5. For semi-private lessons only: Both participants must attend all classes. Classes missed by one participant will not be made up.

I have read and understood the above information. By signing below, I am agreeing to abide by and follow all of the YMCA’s rules, policies and procedures.

_____________________________________________________________________________________
PARTICIPANT SIGNATURE (or guardian if participant is a minor)   Date

** If you are requesting adaptive swim lessons, please fill out the information on the reverse side of this document **
ADAPTIVE LESSONS ONLY

Are there any behavioral issues to be addressed? ____________________________

Please share any behavioral intervention strategies that may work best? ____________________________

What (if any) equipment does your child use? (i.e.: wheelchair, glasses)

________________________________________

What are your child’s interests? (i.e.: food, cartons, toys)

________________________________________

What are your child’s dislikes? Does your child have any strong aversions? (i.e.: water in face, ears)

________________________________________

Is your child subject to seizures? (If yes, please describe. i.e.: length of time, loss of consciousness, symptoms, things to avoid)

________________________________________

What are your goals for your child in this program? (i.e.: safety, stroke development, socialization)

________________________________________

Has your child participated in a swimming program prior? If yes, please describe their comfort and skill level in the water.

________________________________________

Is there anything else you would like us to know about your child to better adjust the program to meet their needs?

________________________________________