



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

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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.

Table with 3 columns: MONDAY, THURSDAY, SUNDAY; TUESDAY, FRIDAY; WEDNESDAY, SATURDAY.

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@jolietyymca.org

- 1. One session of private swim lessons includes four 30-minute lessons to be taught during a pre-set 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

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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, cartoons, 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?