



**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.

MONDAY:	TUESDAY:	
WEDNESDAY:	THURSDAY:	
FRIDAY:	SATURDAY:	SUNDAY:

**Please review the following policies before beginning your private lessons. If you have any questions please contact Chad Shingler, Aquatics Manager at (815) 782- 0526 or [cshingler@jolietyymca.org](mailto:cshingler@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 \*\*

Are there any behavioral issues to be addressed? (Please share any behavioral intervention strategies that may work best)

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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)

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

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

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

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

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