PRIVATE SWIM LESSON REQUEST FORM



Participant:				
Parent/Guardian:				
Full Address:				
E-Mail:		Phone:		
Date Of Birth: Emergency	D D M M Y Y	Participant)		
Contact Name:				
Emergency Contact Phone:				
	Swim Goals, Physica	Restrictions, and M	edical Issues:	
	es Available: Days: least 2 available ons)	Ti	mes:	
Packages M Participant lesson It is REQUII reschedule If the part time All les refund All p	Iditions: Payment Pro IUST be paid in full prior to all I MUST show instructor a copy of RED that all participants notify a lesson, or the participant will icipant arrives for an appoint son packages are non-transfer packages expire within 1 YEAR may not be available immediated becure an instructor. You will	essons f their paid receipt price their instructor 24 HOU be charged the full comment late, the lesson rable and need Director of purchase	or to beginning of initial URS IN ADVANCE to est of the lesson will end at the scheduled or's approval for a credit or ease allow up to 5-10 days	
instructor a Time and da	nd Aquatics Director to set up ays requested for pool space m ages of 3 years old or older	irst swim lesson		
	Signature:		Date:	

Taylor & Campanelli Branches

Package of 5 Lessons

Member: \$150

Non-Member: \$200

Taylor & Campanelli Branches Package of 7 Lessons

Member: \$190

Non-Member: \$240

Assigned Instructor:

Sign In Portion

Date	Signature
1	
2	
3	
4	
5	
6	
7	

Aquatics Director:

James Steele

Email: jsteele@gcfymca.org

Phone: (224) 760-7018

Taylor Ext. 223 Campanelli Ext. 121