PRIVATE SWIM LESSON REQUEST FORM

STEVENS POINT AREA YMCA

Today's Date:_____ Preferred Instructor (If known):_____

This is a request form. **After it is filled out, it will be forwarded to the Aquatics Department to schedule your first appointment. You can take care of payment at the front desk after your first appointment is made. Payment is due before your first lesson.**

General Information: Private Swim Lessons are available for those seeking more specific swim instruction. Private lessons are offered for all ages and ability levels. Students work on swimming skills appropriate for their ability and in accordance with their individual goals. Prices are listed in our current program guide.

Lessons must be used within one year of the start date.

Procedure: Fill out this form and return it to the front desk. Indicate the number of lessons desired. You will be contacted to arrange the lessons. After your first appointment is scheduled, then stop by the front desk to pay. Please contact the Aquatics Director, Mckenzi Johnson, at 715 952 9377 or mjohnson@spymca.org with any questions.

Type of Lesson Desired: ❑ **Private Lesson** 30 Minutes Long ❑ **Semi-Private Lesson** 30 Minutes Long

Name:_____ **Age:**_____
Address:_____ **City:**_____ **State:** _____ **ZIP:** _____
Parent/Guardian Name(s):_____
Phone Number(s):_____ **E-mail:**_____
Communication Preference: E-mail/Text Message/Phone Call/Doesn't Matter
Y Status: Member/Participant **Gender:** Male/Female **Number of Lessons Requested:** 1 4
Preference: Male instructor/Female instructor/Doesn't matter

Name:_____ **Age:**_____
Address:_____ **City:**_____ **State:** _____ **ZIP:** _____
Parent/Guardian Name(s):_____
Phone Number(s):_____ **E-mail:**_____
Y Status: Member/Participant **Gender:** Male/Female **Number of Lessons Requested:** 1 4
Preference: Male instructor/Female instructor/Doesn't matter

Days Available (circle all that apply): Mon Tues Wed Thurs Fri Sat Sun
Times Available: _____ **Date you wish to start:**_____
Number of Lessons you would like to do each week:_____
Swimming Ability: Please describe students' swimming strengths and weaknesses. (For past swim lesson participants, include the level at which they were when they ended lessons).

_____

_____

Lesson Goals: Include any goals you wish to work toward.

_____

_____

Special Considerations: Is there anything about the student that would be important for the instructor to know?