



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TOTS (The Opportunity To Swim)

SPECIAL NEEDS PRIVATE SWIM LESSONS

This program is open to all individuals with cognitive and/ or physical disabilities and is designed to provide a positive recreational and educational experience for participants. Existing YMCA Swim Lesson Programs will be adapted to meet the individual needs. This Program is for all levels of swimmers. An adult may accompany in the water if needed. Classes are held during recreation or lap swim times. Instructors tailor to the participant's needs following the five Y swim lesson components. Small group or family classes can also be arranged. We will call to schedule an appointment with you soon. You must pay for your session prior to your lesson. Cancellations must be made 48 hours in advance of scheduled lesson. Please contact Whitney Johnson at hcymca4@madisonville.com with any questions or concerns.

Please answer the following questions:

1. When is the best time for you or your child to have a private lesson?
2. Do you have a preferred instructor for yourself or your child? If so, who?
3. What are your goals and expectations for registering for private swim lessons?
4. What roadblocks or fears do you or your child have when it comes to swimming?
5. List any additional concerns or information below.

Please complete registration form on the back



TOTS PRIVATE SWIM LESSON REGISTRATION FORM

Name _____ Male ___ Female ___ DOB ___/___/___ Age _____

Address _____ City State Zip _____

Phone _____ Parent/Guardian _____ DOB _____

E-Mail _____

<p>Private Swim Lesson (1 instructor to 1 participant)</p> <p>30 minute session (circle session below)</p> <p>1 session 3 sessions 6 sessions</p> <p>M: \$20 NM: \$40 M: \$55 NM: \$75 M: \$100 NM:\$120</p>	<p>Semi-Private Swim Lesson (1 instructor to 2 participants)</p> <p>30 minute session (circle session below)</p> <p>1 session 3 sessions 6 sessions</p> <p>M: \$10 NM: \$20 M: \$25 NM: \$45 M: \$55 NM:\$75</p>
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I, _____ (Parent/Guardian) of
 _____ (Participant),

do hereby agree to hold free from any and all liability the Hopkins County Family YMCA and its officers, employees and volunteers. I do hereby waive all rights and claims for all injuries or damages incurred. I do declare the participant to be physically sound, having medical approval to participate in the activities of the YMCA Aquatics Program.

Parent/Guardian Signature _____ Date _____