ROCKLAND COUNTY YMCA
PRIVATE SWIM LESSONS

Register for the Fall 2020 Session: Starting September 8
Registration online or at our facility to apply for these lessons.

Private/Semi Private Lessons are a great way to get the one-on-one needed attention adapted to the swimmer’s needs.

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**Private Lesson**
1 instructor : 1 student

<table>
<thead>
<tr>
<th>Private Lesson Fee: Youth Members</th>
<th>$140/month</th>
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</thead>
<tbody>
<tr>
<td>Family Members</td>
<td>$105/month</td>
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</table>

**Semi Private Lessons**
1 instructor : 2 students

<table>
<thead>
<tr>
<th>Semi Private Lesson Fee: (price includes 2 students) Youth Members</th>
<th>$200/month</th>
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<tbody>
<tr>
<td>Family Members</td>
<td>$170/month</td>
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All of our private and semi-private lessons are scheduled for 30 minutes. Create a plan and set specific goals with your instructor at your first class and then work weekly to achieve those goals.

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**I submitted my request, what happens next?**

- The aquatics director receives your request, and will email you back within 72 hours to confirm receipt.
- The first week of the next swim session you will be contacted by email and assigned a lesson day and time based upon your availability.
- Once you receive your assigned time you have 24 hours to call the Y and pay for your time slot. If payment is not received promptly you will forfeit your spot and be placed on a waitlist if there is no other spots available.

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**How are times assigned?**

- First priority goes to currently enrolled swimmers who submitted requests to continue private lessons.
- Second priority goes to members who submit requests when member registration begins. (In order received)

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**If you have any questions, please contact:**

James Mullen, Aquatics Director: (845) 643-3057
Lisa Tkach, Assistant Aquatics Director: (845) 643-3052
Private Lessons Registration Form

You will receive an email confirming the receipt of this request and the status of your request.

*No class is confirmed until registration is processed*

**Student Information:**
Name: ____________________________
Date of Birth: ________________ Age: ______

**Parent Information:**
Name: ____________________________ Cell Phone: ____________________________
Email Address (Please print clearly): ____________________________

**Requested Day/Time Block (1st/2nd/3rd Choice)**

**Monday:**
___ Sept 14th-Sept 28th 3:00pm-4:00pm
___ Sept 14th-Sept 28th 4:00pm-5:30pm

**Wednesday:**
___ Sept 9th-Sept 30th 3:00pm-4:30pm
___ Sept 9th-Sept 30th 4:30pm-6:00pm

In the times you provided do you have specific conflicts?


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**Policies:** Parent/Guardian must stay in the building during lessons

You are allowed 1 make up lesson, but it must be scheduled with the Aquatics Department in advance. Please email Jmullen@rocklandymca.org for make ups.

**Permissions:**

___ I understand a parent or guardian 18 or older must accompany each swimmer and stay in the building for the entire lesson.

___ In the event I, or my emergency contacts, am not able to communicate or cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the YMCA to properly treat the participant. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

___ The named participant is physically sound, having medical approval to participate in the activities of the YMCA. This information is correct as far as I know, and the person here in described has permission to engage in all prescribed program activities except as noted.

___ In consideration of the named participant’s participation in the activities of the Rockland County YMCA, I hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with the named participant’s participation in any of the activities of the YMCA.

___ Yes, I give permission for the Y to use my child’s photograph for public relations and/or marketing purposes.

I have read and will abide by the above stated policies and my signature confirms my acceptance.

Signature of Adult: ____________________________ Date: __________