



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ROCKLAND COUNTY YMCA PRIVATE SWIM LESSONS

Register for the Fall #1 2019 Session: September 9th-October 27th

Registration opens August 12th for Members & August 19th for Non-Members

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

Private Lesson = 1 instructor : 1 student

Private Lesson Fee:

Members: 7 lessons- \$225

Non-Members: 7 lessons- \$350

Semi Private Lessons = 1 instructor : 2 students

(Students must be of similar age and abilities)

Semi Private Lesson Fee:

(price includes 2 students)

Members: 7 lessons- \$290

Non-Members: 7 lessons- \$420




If you have any questions, please contact:

Jessica Keavney, Aquatics Director (845) 643-3052

Brett Ilie, Assistant Aquatics Director (845) 643-3057

 Rockland County YMCA Aquatics

 RC_YMCA_Aquatics

 Rocklandymca.org



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Private Lessons Registration Form

You will receive an email or phone call 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 (1st/2nd/3rd Choice)

Monday:

_____ Sept. 9-Oct. 21— 3:30_{pm}-4:00_{pm}

Tuesday:

_____ Sept.10-Oct.22—3:30_{pm}-4:00_{pm}

_____ Sept.10-Oct.22—4:00_{pm}-4:30_{pm}

_____ Sept.10-Oct.22—4:30_{pm}-5:00_{pm}

_____ Sept.10-Oct.22—6:00_{pm}-6:30_{pm}

_____ Sept.10-Oct.22—6:30_{pm}-7:00_{pm}

Wednesday:

_____ Sept. 11-Oct. 23— 3:30_{pm}-4:00_{pm}

_____ Sept. 11-Oct. 23— 4:00_{pm}-4:30_{pm}

_____ Sept. 11-Oct. 23— 4:30_{pm}-5:00_{pm}

_____ Sept. 11-Oct. 23— 5:00_{pm}-5:30_{pm}

_____ Sept. 11-Oct. 23— 5:30_{pm}-6:00_{pm}

Thursday:

_____ Sept.12-Oct. 24—3:30_{pm}-4:00_{pm}

_____ Sept.12-Oct. 24—4:00_{pm}-4:30_{pm}

_____ Sept.12-Oct. 24—6:00_{pm}-6:30_{pm}

_____ Sept.12-Oct.24—6:30_{pm}-7:00_{pm}

Friday:

_____ Sept. 13-Oct. 25— 3:30_{pm}-4:00_{pm}

_____ Sept. 13-Oct. 25— 6:00_{pm}-6:30_{pm}

Saturday:

_____ Sept. 14-Oct. 26— 11:10_{am}-11:40_{pm}

_____ Sept. 14-Oct. 26— 11:40_{am}-12:10_{pm}

_____ Sept. 14-Oct.26—12:45_{pm}-1:15_{pm}

_____ Sept. 14-Oct. 26— 3:00_{pm}-3:30_{pm}

Sunday:

_____ Sept. 15-Oct. 27— 11:40_{am}-12:10_{pm} (special needs/adaptive)

_____ Sept. 15-Oct. 27— 3:00_{pm}-3:30_{pm}

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 JKeavney@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: _____