



# YMCA of Trenton Swim Lesson Request Form

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Semi Private Swim Lessons (45 minute class) ages 3-Adult

Semi-Private lessons are up to six (6) children or adults of similar swimming abilities scheduled with an instructor.

### Semi-Private Lessons

#### 3 Lessons

- YMCA Members: Free
- Non Members: \$35

#### 7 Lessons

- YMCA Members: Free
- Non Members: \$70

#### 5 Lessons

- YMCA Members: Free
- Non Members: \$50

#### Availability of Lessons

Saturdays Only  
Ages 3 to 8  
9:00am – 9:45am  
Ages 9 to 13  
10:00am – 10:45am  
Ages 14 to Adult  
11:00am – 11:45am

Swim Lessons are held at  
431 Pennington Avenue

Participant Name: \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

I hereby give the YMCA of Trenton permission for my child to participate in the Private/Semi-Private Swim Lesson Program. This signature below certifies that all information contained in my child's registration is correct and true. My signature also affirms my understanding that my child's participation in YMCA programs and activities may present some risk or injury. YMCA of Trenton assumes no liability for injuries or damages that result from my child's participation in these programs or activities.

Medical Release: I authorize the YMCA of Trenton staff to act on my behalf if medical treatment for my child is necessary. In the event of illness or injury to my child, I authorize the YMCA of Trenton to obtain medical treatment for my child and authorize medical services to be provided under the medical insurance identified below, or if none, at the expense of the Responsible Party identified below.

Medical Information: Copy of medical insurance that provides health care coverage for my child is attached. The following is a list of all medical problems, allergies, medications being taken and restrictions due to my child's health conditions:

\_\_\_\_\_  
\_\_\_\_\_

Print Name Parent/Guardian

Signature of Parent/Guardian

Date