



INDIVIDUAL SWIM LESSON REQUEST FORM

ILLINOIS VALLEY YMCA
300 WALNUT DRIVE
PERU, IL 61354

- Y Private lessons are ½ hour in length. Ages 9 – Adult can be ½ hr or 1 hour. Fee may vary for 1 hr lesson.**
- Y Lessons are sold in packages of 1, 3, 5, 7, and 9. Discounts are not available. Lessons do not expire.**
- Y Please complete ONE application PER participant.**
- Y Pre-payment of individual lessons must be made prior to participating in the first lesson; instructor may ask for proof of registration please keep receipt for proof of purchase. Return lesson payment to the Member Services desk at the Illinois Valley YMCA. Make checks payable to ‘Illinois Valley YMCA’.**
- Y Lesson availability depends upon instructor availability. Filling out this form does not ensure individual lessons.**
- Y Return this form to the Member Services Desk and when an instructor is available you will be contacted to schedule your lessons. All private lessons are scheduled through your instructor.**
- Y In the event you should cancel a lesson, you must do so a minimum of 2 hours prior to the lesson.**
- Y If you fail to show up for a lesson a refund will not be issued as the instructor must be paid for his/her time and possibly missing out on teaching another lesson.**
- Y Guest fees apply for recreational swimming before, during, or after swim lessons for participants, parents, and siblings.**

Please complete the ENTIRE form. Two request forms will need to be completed if the students are participating in joint lessons and do not have the same guardian. Turn in both request forms together with your payment.

Student Full Name _____ Date of Birth _____ Age _____

Student Full Name _____ Date of Birth _____ Age _____

Parent/Guardian Name _____ Check if you are the guardian for both students

Address _____

Phone: Home: _____ Work/Cell: _____ E-mail: _____

Emergency Contact Name: _____

Relationship _____ Phone _____

Please describe swimming skill level (i.e. no swimming experience, can swim one pool length, etc.) _____

Special requests or additional information (i.e., prefer male/female instructor, disabilities, medical conditions)* _____

List (by first choice) day and time you would be interested in having a lesson. Please list several options so we can try to find an available instructor.

1. _____
2. _____
3. _____

Circle # of Lessons Requesting
1 2 3 4 5 6 7 8 9

I, the above named, understand that participation in recreation programs can involve vigorous activity. A thorough physical examination is recommended. I hereby assume all risk and hazards incidental to participation in the above mentioned program(s), including transportation to and from all activities and, do so hereby waive, release, absolve, indemnify and agree to hold harmless the Illinois Valley YMCA, its officers, agents and employees, the coaches and co-sponsors from any claims arising out of injury to the above named participant(s). I further certify that I am physically fit to participate in this program or activity and have not been otherwise informed by a physician. In addition, I give my permission to IVCH and/or other licensed medical facilities to provide treatment as deemed necessary by them.

Signature _____ (must be over 18 yrs of age to sign) Date _____