



HAMDEN/NORTH HAVEN YMCA
a branch of Central Connecticut Coast YMCA

Private Swim Lesson Request Form

Name of student: _____

Age of Student: _____

Lessons Requested: 1 4 8

Days and Times Requested:

_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____

Start Date Requested: _____

Instructor Requested: _____

Level (if known please circle):

Pre-School (age 3—5):

- Pike
- Eel I
- Eel II
- Ray

Progressive (age 6—12):

- Polliwog
- Guppy I
- Guppy II
- Minnow
- Fish/Flying Fish/Shark

Adult (13+)

- Beginner
- Intermediate
- Advanced

Contact Information:

Parent's Name (if applicable): _____

Primary Number: _____

Secondary Number: _____

E-mail (if preferable): _____

Please know that the Aquatics Director and/or assigned instructor will follow up with your private lesson request as soon as possible. If you have any questions, comments, or concerns prior to being contacted please feel free to call at any time (203-248-6361)

Private Lesson Procedure

- Lesson Request Submitted to Front Desk
- Aquatic Director, Aquatic Supervisor, or Instructor follows up with participant within 7 days
- Lesson is scheduled as close to the start date request as possible
- Aquatic Director will provide the approved form with instructor name, time, day, date to begin, and date to end
- Participant registers with an MSR and submits the approved lesson request form upon registration
- Lessons are paid in advance and receipt is provided to participant and instructor/Aquatic Director
- If you should have to cancel any of the lessons please contact the Aquatic Director or instructor ASAP

If you should have any questions, comments, or concerns please feel free to contact the Aquatic Director at any point throughout the process. Happy Swimming

MSR Use Only

MSR Receiving Request: _____

Date Received: ____/____/_____

Time Received: _____

Number of Lessons Paid For: _____

Receipt Number: _____

Please be sure not to take payment until lesson is approved and scheduled by Aquatic Director

When registering make sure you (please check off when done):

Provide Receipt to Participant/Parent

Instruct Participant/Parent to bring receipt to Instructor/Aquatic Director

Print a backup receipt and put in Aquatic Director's box with the signed request form from Aquatic Director

Aquatics Use Only

Instructor Assigned: _____

Day of Lesson(s): _____

Time of Lesson(s): _____

Date to Begin: _____

End Date: _____

Approval: _____