



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FAIRFIELD YMCA
Adaptive Swim Lesson Form

Date _____

Student First Name _____ Last _____ Age _____ Member ID# _____

Parent Name _____ Phone # _____ Email _____

Session of 7, 30-minute increments, one on one, once a week for YMCA Facility Members and Program Participants.

Desired Day(s) _____ Desired

Time(s) _____ Desired

Instructor _____

Instructors are arranged to the best of our ability but cannot be guaranteed to teach the lesson.

Make up lessons will be scheduled for classes cancelled with a minimum of 24-hour notice.

Payment will be accepted once an instructor and date(s) are scheduled.

Balance will be charged to the form of payment on file.

Signature of Parent/Guardian _____

Signature of Parent/Guardian _____

OFFICE USE ONLY

Lesson fees and dates	Lesson 1	Lesson 2	Lesson 3	Lesson 4	Lesson 5	Lesson 6	Lesson 7
Full Facility Member \$115							
Program Participant \$230							

Date Received: _____ Date Paid: _____ Amount Paid: _____

Instructor Name: _____

Information _____

FAIRFIELD YMCA

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