



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