

Private Swim Lessons

Ages 3 – Adult All abilities and levels are welcome!

Lesson times are scheduled to fit your needs with instruction available during the day, evening, or weekend. We do not schedule lessons during extended school holiday breaks. The lessons will be once per week unless special arrangements are made AFTER you are assigned to your instructor.

30-minute lessons are scheduled at your convenience and are conducted by a YMCA-trained instructor. Lessons are hosted in both pools, depending on the needs of your swimmer.

*24-hour notice is required when cancelling a scheduled lesson *

1 Lesson \$25 - YMCA members/\$35 - non-members

5 Lessons \$100 - YMCA members/\$150 - non-members

10 Lessons \$175 - YMCA members/\$250 - non-members

Pricing does not include 6% KY sales tax

To register, please fill out the request form on the back of this page and leave at the Welcome Center.

For more information, please call 270-827-9622 or email hpolley@hcfymca.org

Private Swim Lesson Request Form

Child's Name:	Parent/Guardian Name:		
Date of birth:	Age:	Member / No	on-Member
Address	City	State	Zip
Phone Number:	Email Address		
Please list all times you that you	are available for lessons to hel	p match you with an i	nstructor:
Monday:	Tuesday:		
Wednesday:	Thursday:		
Friday:	Saturday:		
Sunday:			
GOALS FOR MY SWIMMER:			
Use of YMCA facilities for special inherently exposes the participal medical consequences. Every mearising from activities on YMCA polynomials. I, for myself, and/or the minor for and all connected with the YMCA actions of any nature, for any and whom I am signing on his/her be participate in the activities of the	nt to a certain level of risk for peamber and guest assumes the risk remises. It whom I am signing, release and (directors, officers, employees, d all loss, damage, or injuries sushalf. I declare that the minor(s) is	rsonal injury, sudden i k of personal injury, ill d discharge the Hende and agents) from any stained by me or my p	illness, and other adverse lness, or other conditions erson County Family YMCA and all claims, demands, and roperty, or by the minor(s) for
Photo Release I authorize the Henderson Count YMCA or on YMCA-related trips t		e YMCA.	,
By signing below, you agree to the	ne above waiver.		
(Printed) Name:		D	OB:
Signature:		_(Participant if 18+ / I	Parent / Guardian)
Parent/ Guardian Name (please p	orint)		
Parent/ Guardian Signature		Date:	