



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Bristol Private/Buddy Swim Lesson Inquiry Form

Circle Lessons: Float Private Buddy Differing Abilities Refresher

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Address: _____ Race: _____ (for reporting)

Gender: Male Female Age: _____ Birthdate: _____ YMCA Member: Yes No

Swim Level: Beginner Novice Intermediate Advanced

Preferred Instructor: _____

Why do you want to achieve with swim lessons: _____

What days of the week work best? M _____ T _____ W _____ Th _____ F _____

What time(s) work best for you? _____

Parent Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Address: _____

Gender: Male Female Age: _____ Birthdate: _____

Emergency Contact: _____

Cell Phone: _____

Relationship: _____

YMCA OF BRISTOL

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