2022 Swim Lessons Registration

Participants: Water Babies class is for 6 months to 3 yrs with a parent in the water with the child. Water Babies is always at 10:05—10:35 AM

Important Dates:

Session 1: June 6 – June 16
Make Up days: June 10 & 17
Session 2: June 20 - June 30
Make Up days: June 24 & July 1
Session 3: July 5—July 14
Make Up day: July 15

Registration Fees For Swim Lessons

Y Members-\$34

Program Participants—\$42 Scholarships Available

Fees For Swimnastics

Y Members—\$10/ Program Participants \$15

Swimnastics runs the same days as Swim Lessons

Call The Randolph County YMCA at 765.584.9622 or email Tom Byrum at tom.byrum@comcast.net

Fees must be paid for Swim Lessons and Swimnastics at the time of registration

2022 Swim Lessons/Swimnastics Form

		Gender: M F DOB//
Age: Grade	: Allergies:	
Check Preference:	Session 1: 9:30-10 am	Session 1: 10:05-10:35 am
	Session 2: 9:30-10 am	Session 2: 10:05-10:35 am
	Session 3: 9:30-10 am	Session 3: 10:05-10:35 am
Address: Street	City: _	Zip:
Phone:	E-Mail:	
Father:	Phone:	Text number
Mother:	Phone:	Text number
Text me if class is ca	ancelled:	(text #) Do not send me a text
Additional Emergency Contact:		Phone:
(In case neither paren	t can be reached)	
Additional Notes:		

Lessons are held outdoors at the

Goodrich Park Pool 611 N. Union St. Winchester, IN 47394

Days of lessons are Monday - Thursday for 2 weeks (8 days) Friday will be make up day.

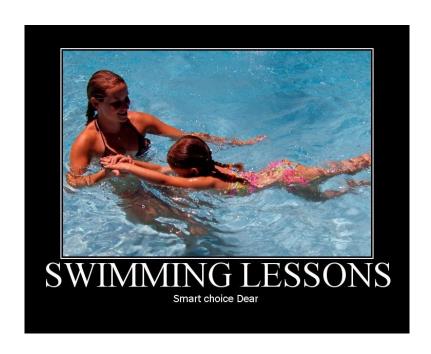
Cancellations due to weather will be sent as a group text message.

Water Babies for ages 6 months—3 yrs with parent in the water is always held from 10:05-10:35

There will be Swimnastics this summer if we have enough interest.

We ask that all parents/ guardians that bring children for swim lessons obey the rules of Goodrich Pool.





Please read carefully before signing

I understand there is an element of risk associated with this program. Relying on the supervision and instruction of those representing the Randolph County YMCA, I hereby accept any and all injuries, illness or occurrence resulting from participation in this YMCA program. I further attest that the above participant is physically fit and does not have any prior medical condition that may be aggravated by participating in the above program. I will also have the participants medical condition verified by a licensed medical doctor if deemed necessary.

By signing this form, I agree to pay all fees associated with the program. Date ___/___/___ Parent/Guardian Signature

Photograph Permission: By initialing this release, I give the Y permission to use photographs of myself and/or my family for stories/publications. Initial _____

	<u>Office</u>	Use Only
Y Member	\$34	Date Paid//
Program Part.	\$42	Cash
Swimnastics \$3	10/\$15	Check #
Scholarship	%	Credit/Debit