2023 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 12 – June 22 Make Up days: June 16 & 23 Session 2: June 26 - July 7 Make Up day: June 30 Session 3: July 10 — July 20 Make Up days: July 14 & 21

Registration Fees For Swim Lessons

Y Members-\$35

Program Participants—\$45 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

2023 Swim Lessons/Swimnastics Form

ge: Grade: Al	lergies:	
neck 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
ddress: Street	City:	Zip:
hone:	E-Mail:	
ather:	Phone:	Text number
other:	Phone:	Text number
ext me if class is cancelled:		(text #) Do not send me a text _
dditional Emergency Contact:		Phone:
n case neither parent can be reac	hed)	

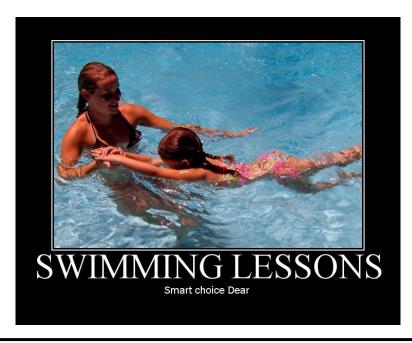
Lessons are held outdoors at the
Goodrich Park Pool
611 N. Union St. Winchester, IN 47394
Days of lessons are Monday thru Thursday for 2 weeks
(8 days)

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 _____

Office Use Only

Y Member \$34 Date Paid ___/___/___

Program Part. \$42 Cash _____

Swimnastics \$10/\$15 Check #_____

Scholarship _____% Credit/Debit _____