2025 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 9 – June 19 Make Up days: June 13 & 20

Session 2: June 23 -July 3 Make Up day: June 27

Session 3: July 7 —July 17 Make Up days: July 11 & 18 **Registration Fees For Swim Lessons**

Y Members-\$36

Program Participants—\$48

Scholarships Available

Fees For Swimnastics Y Members—\$10/ Program Participants \$15

Swimnastics runs the same days as Swim Lessons Classes are from 9:30-10:30 AM

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

2025 Swim Lessons/Swimnastics Form

Age: Gra	de: Allergies:	
	: Session 1: 9:30-10 am	
check Preference	_	
	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_	Ci	ity: Zip:
Phone:	E-Mail:	
Father:	Phone:	Text number
Nother:	Phone:	Text number
ext me if class i	s cancelled:	(text #) Do not send me a text
	-	Phone:
In case neither pa	rent can be reached)	
Additional Notes		

Lessons are held outdoors at the Goodrich Park Pool 611 N. Union St. Winchester, IN 47394

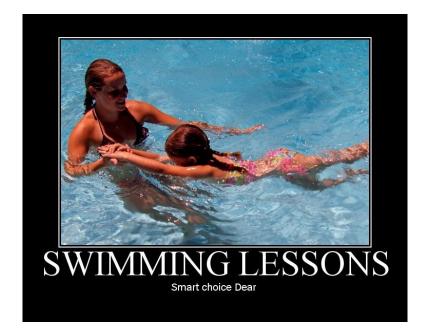
Days of lessons are Monday-Thursday for 2 weeks (8 days) Friday will be make up day Cancellations due to weather will be sent as a group text message

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. Randolph County YMCA 1521 E. Washington Street Winchester, IN 47394





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 Use Only</u>				
Y Member	\$36	Date Paid//		
Program Part.	\$48	Cash		
Swimnastics \$10/\$15		Check #		
Scholarship	%	Credit/Debit		