

GREENCASTLE PARKS & RECREATION DEPARTMENT
GREENCASTLE AQUATICS CENTER



WATER BABIES!

A Learn-To-Swim Program for the Younger Child!

Parents, introduce your little one to the wonderful world of aquatics! The Greencastle Parks & Recreation Department is offering a Water Babies Class, a program for children 6 months to 5 years of age. This class is designed for you to be involved in your child's exploration of water. These classes are fun for both your child and you because you will learn how to help your young individual be more comfortable in the water. Parents must participate in the water with their children in the classes targeting ages 6 months to 4 years. The 5 year olds will participate by themselves, following the Level 1 Learn-To-Swim course. Register early, to be sure you get your preferred time slot.



Dates:

Session 1: June 20 to July 1

Session 2: July 11 to July 22

Times Offered:

6 months-2 years: 5:00-5:30 p.m.

3-4 years: 5:30-6:00 p.m.

5 years: 6:00-6:30 p.m.

Fee:

\$35.00 per child

Make checks payable to: Greencastle Parks & Recreation Department

Return this form to: Greencastle City Hall, P.O. Box #607, One North Locust Street, Greencastle, IN 46135
or to the Greencastle Aquatic Center in Robe-Ann Park at 405 South Bloomington Street (after May 15th)

For more information: (765) 848-1909 or Greencastle Parks & Recreation Department at (765) 653-3395

Child's Name: _____

Child's Age (at the start of class): _____ Gender: Male or Female

Parent's Name: _____

Parent's e-mail address: _____

Address: _____ City: _____ State & Zipcode: _____

Home Telephone: _____ Work: _____ Cell: _____

Preferred Session: _____ Preferred Time: _____

I hereby give permission for my child/ward to participate in the Learn-To-Swim Program offered by Greencastle Parks & Recreation Department. I understand that by participating in the Learn-to-Swim program that there is a chance of injury, including but not limited to, muscle sprains, strains, paralysis and/or death; and resume responsibility for any and all risks, implicit or direct, through participation. I hereby release the *City of Greencastle, Indiana*, and its employees and instructors from any responsibility in case of injury, illness or death of my son, daughter or ward while participating in the program. Furthermore, I hereby consent that any photograph or likeness of my child taken in conjunction to his/ her participation in this program may be used by the City of Greencastle for publicity or recognition purposes; including, but not limited to, publications on the City's website, posters, brochures, press releases and other advertisements.

Parent's/ Guardian's Name(s): _____ Date: _____

For office use only:

Date Received: _____ Amount Paid: _____ Cash Credit Check# _____ Receipt# _____

LTS Coordinator's Review: _____ Date Notification Sent: _____