

**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 15 to June 26
Session 2: July 6 to July 17**

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:

\$30.00 per child

**Make checks payable to: Greencastle Parks & Recreation Department
Return this form to: Greencastle City Hall, One North Locust Street,
or to the Greencastle Aquatic Center or Park Office at 405 S. Bloomington St.
For more information: (765) 653-3395 or the Greencastle Aquatics Center at (765) 848-1909**

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: _____
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