

Town of Avon Learn to Swim 2025

WHAT: Swim lessons for all abilities from the child that is new to the water to stroke development.

WHERE: Avon Middle School Pool

WHEN: Monday June 30th – Friday August 8th (closed Friday July 4th). We will offer 3 two-week sessions. Lessons will be daily for 2 weeks. Lesson times are 1:00, 2:00, and 3:00 depending on skill level. 10 swimmers per level

COST: \$50 per session for Avon Residents; \$100 per session for out-of-town residents

SWIM LEVEL DESCRIPTIONS:

Parent/Child	Preschool 6mo-3yrs parent must be present in the water. Goals are water adjustment, water entry/exit, bouyancy front/back, and water safety all with adult support
Level 1	Beginner; Intro to Water Skills
Level 2	Beginner; Fundamental Aquatic Skills
Level 3	Intermediate; Stroke Development
Level 4	Intermediate to Advanced I Stroke Improvement/Refinement

IN-PERSON REGISTRATION Monday June 2nd 6:00-8:00 PM

Avon Elementary School Cafeteria

(please bring completed registration form to keep process moving quickly)

Only 1 session allowed at registration night; Additional session sign up after June 3rd

If you are unable to make the in-person registration, completed forms with payment can be submitted to the Avon Town Offices after 6/2/25. We will contact you directly if your preferred session/level is not available.

Session 1 June 30th – July 11th

1:00 – 1:45 Parent/Child; Level 1; Level 2

2:00 – 2:45 Level 1; Level 2; Level 3

3:00 – 3:45 Level 2, Level 3, Level 4

Session 2 July 14 – July 25th

1:00 – 1:45 Parent/Child; Level 1; Level 2

2:00 – 2:45 Level 1; Level 2; Level 3

3:00 – 3:45 Level 2, Level 3, Level 4

Session 3 July 28th – August 8th

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1:00 – 1:45 Parent/Child; Level 1; Level 2

2:00 – 2:45 Level 1; Level 2; Level 3

3:00 – 3:45 Level 2, Level 3, Level 4

JOIN OUR TOWN OF AVON RECREATION FACEBOOK PAGE OR THE REMIND APP FOR UPDATES!! (TO JOIN THE REMIND APP, TEXT @TOWNNOFAV AND ENTER THIS NUMBER: 81010)

Town of Avon Learn to Swim 2025

IN-PERSON REGISTRATION JUNE 2nd 6:00-8:00PM

Avon Elementary School Cafeteria

Parent/Guardian: _____ Cell Phone: _____
Street Address: _____ City: _____
Email: _____ School Attending: _____
Emergency Contact & Phone Number: _____

Participant Information:

Name: _____ **M** **F** **DOB:** __/__/__ **Age:** ____ **Grade in Sept. 2026:** ____
Medical Limitations/Allergies: _____ () None
Learn to Swim Session: _____ **Time:** _____ **Level:** _____

Name: _____ **M** **F** **DOB:** __/__/__ **Age:** ____ **Grade in Sept. 2026:** ____
Medical Limitations/Allergies: _____ () None
Learn to Swim Session: _____ **Time:** _____ **Level:** _____

Name: _____ **M** **F** **DOB:** __/__/__ **Age:** ____ **Grade in Sept. 2026:** ____
Medical Limitations/Allergies: _____ () None
Learn to Swim Session: _____ **Time:** _____ **Level:** _____

Medical Insurance: _____ **Policy/ID#:** _____

I/We the parents or guardians of the participant in the Avon Learn to Swim Programs, give permission for my son/daughter to participate in any and all activities. To the best of my knowledge, my child/children is/are physically and mentally fit to participate in this program. Recognizing the possibility of physical injury associated with this program, I hereby release, discharge and otherwise indemnify Avon Youth Recreation, affiliated municipalities, employees and associated personnel, including the owners of the facility, against any claim by or on behalf of the registrant as a result of the registrant's participation in this program whether the result of negligence or for any other cause

Signature of Parent/Guardian Required: _____

Sponsored by Town of Avon Recreation Program, 23 Genesee Street, Avon, New York 14414 www.avon-ny.org

Questions or comments email Town of Avon Recreation at recreation@avon-ny.org

Board Members: Emily Cosimano, Kelly Greenway, Allison Hayes, Kelly Montague, Jody Rumfola