

SOLLAZZO CENTER
270 Harrison Avenue
Harrison, NY 10528
670-3179

HARRISON RECREATION
One Heineman Place
Harrison, NY 10528
670-3035

LEO MINTZER CENTER
251 Underhill Avenue
W. Harrison, N.Y. 10604
949-5265

HARRISON SUMMER SWIM TEAM

This is the 6th year of the Summer Swim Team for boys and girls ages 5-17. This swim team is a member of the competitive Westchester County Swimming Association, Southern Westchester Conference. The program will run from May 28th through August 8th. Practices will begin on May 30th and held on **Tuesdays and Thursdays from 5:30 - 6:30 pm** at the Louis M Klein Middle School Pool and in late June practices will move to the Ron Belmont Pool Complex and times change to **Monday, Tuesday, and Thursday Mornings from 7:30 - 8:30 am and Wednesday Evenings from 6:30 - 8:30 pm**

Evaluations will be held on May 30th at 5:30 pm. Swimmers must be able to swim at least one length of the pool using front crawl.

Parents of interested children should complete the application and return it to the Recreation Department at one of the above recreation offices. Fee must be paid in person at registration.

Swim Team fee is \$275 per child; for each additional child, fee is \$175. Check made payable to the Town/ Village of Harrison. Questions please call Dot Klein at 949-5265.

REGISTRATION DEADLINE IS MAY 23rd

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Name _____ Sex _____ Phone _____

Address _____ Town _____ State _____ Zip _____

Email Address _____

Parent Harrison 2013 ID # _____ (required to participate)

AGE on July 1, 2013 _____ BIRTHDATE Month ___ Day ___ Year ___

COPY OF A BIRTH CERTIFICATE IS REQUIRED AT TIME OF REGISTRATION

We, the parents or legal guardians of the child named above, hereby give our consent to his or her participation in the 2013 Harrison Swim Team program. We release the Recreation Department Town-Village of Harrison, and related League personnel from any responsibility should any mishap occur.

Print Mother's Name _____ Mother's Signature _____

Print Father's Name _____ Father's Signature _____

I would like to volunteer to help: YES _____ NO _____

If yes, please check one or more: Timing _____ Scoring _____ Ribbon Writing _____

Parents are responsible for their child's physical condition. Child must be in good health to participate in the swim program.

OFFICE USE ONLY

Registration Amount _____ # of Participants in Family _____ Check# _____