

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 2nd year of the Summer Swim Team for boys and girls aged 7-17. This swim team is a member of the competitive Westchester County Swimming Association, Southern Westchester Conference. The program will run from June 2nd through August 14th. Practices will begin on June 2nd and will be held on **Tuesday and Thursday evenings from 6:00 - 7:00 pm** at LMK Middle School and after June 30, will be held at Passidomo Park Pool in West Harrison on **Monday, Wednesday, and Thursday Mornings from 7:30 - 8:30**. Practice times are tentative due to the number and ability of participants.

Evaluations will be held on June 2nd at LMK Middle School at 6:00 pm. Swimmers must be able to swim at least one length of the pool using front crawl. A mandatory parents meeting will be held at that time.

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, including all entry and registration fees. Checks made payable to: Harrison Youth Activity Fund.

Questions please call Dot Klein at 949-5265.

REGISTRATION DEADLINE IS MAY 28

-----Cut Here-----

Name _____ Sex _____ Phone _____

Address _____ Town _____ State _____ Zip _____

PLEASE PRINT PARENT'S EMAIL ADDRESS IN BOXES PROVIDED BELOW

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIRCLE ONE: .COM .NET .ORG .EDU .GOV OTHER _____

Parent Harrison '09 ID # _____ (required to participate)

AGE on July 1, 2009 _____ 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 2009 Harrison Swim Team program. We release the Recreation Department Town-Village of Harrison, Harrison Central School District 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 swim program.

OFFICE USE ONLY

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