SOLLAZZO CENTER	HARRISON RECREATION	LEO MINTZER CENTER
270 Harrison Avenue	One Heineman Place	251 Underhill Avenue
Harrison, NY 10528	Harrison, NY 10528	W. Harrison, N.Y. 10604
670-3179	670-3035	949-5265

HARRISON SWIM TEAM

The Harrison Swim Team will enter its 27th season this year. The team will be participating in the Westchester/Fairfield Swim League which consists of many teams in the Westchester and the Southern Connecticut area.

Boys and girls grades K trough 12 are eligible to participate in the program. There will be a **mandatory evaluation for new and returning swimmers**. **Evaluation on**: Monday, October 15th at LMK Pool; 6:00 p.m. 10 and under, 7:00 p.m. 11 and up.

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**. **SPACE IS LIMITED.**

Swim Team fee is $300 per child; for each additional child, fee is $200. Checks made payable to: TOWN/VILLAGE OF HARRISON

REGISTRATION DEADLINE IS OCTOBER 11

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

Name_____**Sex**___ **Phone**_____

Address_____**Town**_____**State**_____**Zip**_____

School child attends_____ **Grade in Sept.'12**_____

PLEASE PRINT PARENT'S EMAIL ADDRESS IN BOXES PROVIDED BELOW

CIRCLE ONE: .COM .NET .ORG .EDU .GOV OTHER_____

Parent Harrison '12 ID #_____ **(required to participate)**

AGE ON DECEMBER 1, 2012_____ BIRTHDATE Month___ Day___Year___

We, the parents or legal guardians of the child named above, hereby give our consent to his or her participation in the 2012-2013 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. Parents are responsible for their child's physical condition. Child must be in good health to participate in swim program.

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: Fund Raising___ Timing___Scoring___Cake Sale___ Ribbon Writing___

SHIRT SIZE: Child: (M) 10-12 (L) 14-16
(Circle one) Adult: S M L XL

****Please note that shirt sizes cannot not be changed once they are ordered.**

OFFICE USE ONLY

Registration Amount_____ # of Participants in Family_____ Check#_____

Harrison Swim Team