

Harley Community Swim 2024–'25 Registration

Established 1917

| Please complete this form, and mail it with payme |
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|---|

Today's Date: _____

The Harley School 1981 Clover Street Rochester, NY 14618 Attention: Athletic Office

Please direct all inquiries to The Harley Athletic Office **585-442-3039**

| Name: | | | | | |
|---|---------------------------------|-------|---------|--------|--|
| Age Range > under 25 | 26-40 | 41–55 | 56-70 | 71–85+ | |
| Address, City, State, ZIP | | | | | |
| Phone Home: | Business: | | Mobile: | | |
| Email | | | | | |
| Grade (jf applicable) School Attending (if applicable): | | | | | |
| Emergency Contact Person: | Emergency Contact Phone Number: | | | | |
| Harley Community Swim Program | | | | | |
| Type of Membership: | nip: Inclusive Amount: | | | | |
| ADDITIONAL INFORMATION FOR REGISTRATION | | | | | |
| Locker Rental Request: | | | | | |
| Name(s) of Family Members | | | | | |