

The Harley School

2020-2021 Registration Form

Name: _____

Age Range -> under 25 _____ 26-40 _____ 41-55 _____ 56-70 _____ 71-85 _____

Address: _____

City/Zip: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

E-mail: _____

Grade (if applicable): _____

School Attending (if applicable): _____

Emergency contact person: _____

and phone number: _____

Name of program: Harley Community Swim Program _____

Type of Membership: _____

Inclusive amount: \$ _____

Addition information for registration

Locker rental request: _____

Names of family members: _____

**Make all checks payable to: The Harley School
1981 Clover Street
Rochester, NY 14618
Attention: Athletic Office**

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