

# ST. OLAF SWIM CAMP 2008 | Registration

This form may be filled out on your computer. Please print it, sign as needed and mail or fax it to St. Olaf. Contact information is below. Thank you.

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Name \_\_\_\_\_

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Address \_\_\_\_\_

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City, State, Zip \_\_\_\_\_

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Phone \_\_\_\_\_ Email \_\_\_\_\_

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Parent/guardian name \_\_\_\_\_ St. Olaf alum? \_\_\_\_\_ Year \_\_\_\_\_

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Roommate requested (**one only, roommates must request each other**) \_\_\_\_\_

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Date of birth: Month    date    year \_\_\_\_\_ Grade completed in June of 2008 \_\_\_\_\_

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Club or school team \_\_\_\_\_ How many years have you swum competitively? \_\_\_\_\_

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Event 1: event, best time \_\_\_\_\_ Event 2: event, best time \_\_\_\_\_

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Gender (circle):    Male    Female \_\_\_\_\_ T Shirt Size (circle):    YM    AS    AM    AL    AXL \_\_\_\_\_

**Camp Selection:** Fees are for registrations received prior to May 1, 2008. Add \$35 for registrations after that date.

___	Stroke Technique	June 15 - 19	\$ 430
___	Stroke Technique	June 22 - 26	\$ 430
___	Stroke Technique	June 29 - July 3	\$ 430
___	High Performance	June 15 - 19	\$ 460
___	High Performance	June 22 - 26	\$ 460

**Camp Fee:** \$ \_\_\_\_\_

**Late Registration:** \$35 fee for registrations postmarked after May 1 \$ \_\_\_\_\_

**Registration Total** \$ \_\_\_\_\_

## Payment Information

Charge the fee to your credit card. Amount \_\_\_\_\_  
If you choose to pay only the \$100 deposit now, the final amount due will be charged to this account on May 15.

Card type \_\_\_\_\_

Card number \_\_\_\_\_

Expiration \_\_\_\_\_

Name as printed on card \_\_\_\_\_

Signature \_\_\_\_\_

Or: Mail your check for the full amount or send a \$100.00 deposit (balance due May 15)

St. Olaf Swim Camp  
St. Olaf College  
1520 St. Olaf Avenue  
Northfield, MN 55057-1098

Or: FAX this completed registration to  
507-786-3690

Or: Register on-line at [www.stolaf.edu/camps](http://www.stolaf.edu/camps)

Refund policy: Written cancellations received prior to May 15 will receive a full refund less the \$100 deposit fee. No refunds will be made after May 15. Substitutions are accepted.

**PARENT/GUARDIAN WAIVER**

As the parent or guardian of the minor registering for this St. Olaf College camp, I consent to his/her participation and I understand and agree as follows:

- 1. My child/ward is healthy and capable of fully participating in all aspects of the camp.
- 2. My child/ward has sufficient health insurance to cover her/him during her/his participation in the program.
- 3. I understand that St. Olaf College does not provide insurance for program participants.
- 4. I hereby release and discharge St. Olaf College and its regents, officers, employees, agents, successors and assigns, on behalf of myself and my legal representatives, heirs, successors, and assigns, from any and all claims, liabilities, and costs which I or any of my legal representatives, heirs, successors, and assigns may have claim to, have relating to, or arising from my child/ward's injury, illness, or death.
- 5. I agree to indemnify, defend, and hold harmless St. Olaf College and its regents, officers, employees, agents, successors, and assigns, from any and all claims, liabilities, and costs asserted by or on behalf of my child/ward or any of my child/ward's legal representatives, heirs, successors, and assigns, relating to or arising from my child/ward's participation in the program, including and without limitation to my child/ward's injury, illness, and death.

Please tell us if your child has any medical condition, including possible reactions to prescription medication or allergies that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

**Emergency contact information**

Name and relationship to camper: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Provider Phone \_\_\_\_\_

This waiver will be governed by the laws of the State of Minnesota. I have read this waiver carefully, and I understand and agree to be bound by the provisions herein.

\_\_\_\_\_  
Signed Date

St. Olaf plans to take promotional pictures during summer camps in 2008. Permission to grant St. Olaf the right to use an image of your son or daughter is your choice. Please read and sign below if you choose to grant this permission.

Permission is given to St. Olaf College to publish images of my son or daughter for the purposes of camp publicity. Images of my son or daughter may be included on the camp website or in future camp promotional materials. I understand that neither I nor my son or daughter will receive compensation for the images, that St. Olaf College will not permit any other group or organization to use the images, and that St. Olaf College will not use the image(s) for any commercial use.

\_\_\_\_\_  
Signed Date