

St. Olaf Swim Camp 2009|Registration

Name (first and last) _____ T Shirt Size (circle): YM AS AM AL AXL

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ St. Olaf alum? _____ Year _____

Parent/guardian name _____

Roommate requested (one only, roommates must request each other) _____ Gender (circle): Male Female

Date of birth: (mm/dd/yy) _____ Grade completed in June of 2009 _____

Club or school team _____ years of competitive swimming _____

Event 1: event, best time _____ event 2: event, best time _____

Camp Selection: Fees are for registrations received prior to May 1, 2009. Add \$40 for registrations after that date.

___	Stroke Technique	June 14 - 18	\$ 430
___	Stroke Technique	June 21 - 25	\$ 430
___	Stroke Technique	June 28 - July 2	\$ 430
___	High Performance	June 14 - 18	\$ 470
___	High Performance	June 21 - 25	\$ 470

Late Registration: \$40 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: VISA Discover Mastercard

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

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/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 pictures of my minor child taken by St. Olaf College for promotional purposes and programming materials including the website.
5. 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.
6. I agree to indemnify, defend, and hold harmless St. Olaf College and its regents, officers, employees, agents, 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.

Tell us of your child's medical conditions, including possible reactions to medications or allergies that we should be aware of:

Emergency contact information:

Name and relationship to camper: _____ Phone 1: _____
 Phone 2: _____ Insurance Provider Phone _____
 Insurance Provider: _____ Policy Number: _____

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 _____