

Wrestling Camp Registration Form

June 22-26, 2008

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Parent/guardian name _____

St. Olaf alum? _____ Year _____

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

Date of birth: Month _____ date _____ year _____

Weight _____

Grade completed in June of 2008 _____

Name of high school _____

Gender Male Female

T Shirt Size: YM AS AM AM AL AXL AXXL

Camp Fees: Fees include housing, meals and t-shirt

- \$430 – registration postmarked by May 15
 \$465 – registration postmarked after May 15

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 Wrestling 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 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 all pictures of my minor child taken by St. Olaf College for promotional purposes and programming materials including the St. Olaf College 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, 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