

St. Olaf OleChess Camp 2012|Registration

For all electronic payments (credit card, echeck or ACH bank transfer), you must register using the on-line form.

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

_____ City _____ State _____ Zip _____
Address

_____ Email _____
Phone

_____ 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) _____ Rating _____

Camp Sessions: mark one box and all circles that apply

- Chess Essentials Option \$615
- Intensive Study Option \$740
- Chalk Talk Option \$740

- Registration Late Fee (after June 1) \$50
- Single Room Option (add to fee) \$60
- Commuter discount - \$50
- Adult escort \$210

Payment Information

Mail your check for the full amount or send a \$100.00 deposit (balance due June 1) to:
St. Olaf Chess Camp
St. Olaf College
1520 St. Olaf Avenue
Northfield, MN 55057-1098

Or: Register on-line at www.stolaf.edu/camps/

Refund policy: Written cancellations received prior to June 1 will receive a refund less the \$100 deposit fee. No refunds will be made after June 1. Substitutions will be accepted.

_____ Name of escort and relationship to camper

Registration Total \$ _____

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 releases 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 understand my child will be transported off campus on a camp outing.
7. 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 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 _____

Insurance Provider Phone: _____ 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 _____