

St. Olaf Engineering and Physics Camp 2012 | Registration

For all electronic payments (credit card, echeck or ACH bank transfer), you must register online.

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

_____ City State Zip
Address

_____ Email
Phone

_____ Parent/guardian name

_____ Grade completed in June of 2012
Date of birth: (mm/dd/yy)

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

Camp Selection: Fees are for registrations received prior to June 1. Late fee assessed to all registrations received after June 1.

___ \$580 Camp Fee
___ \$ 50 Late fee for registrations received after June 1

\$ _____ Registration Total

Payment Information

Mail your check for the full amount or send a \$100.00 non-refundable deposit (balance due June 1) to:
St. Olaf Engineering and Physics 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 full refund less the \$100 deposit fee.
No refunds will be made after June 1. Substitutions are accepted.

Parent/Guardian Waiver

As the parent/guardian of the above minor, 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 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.

List 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: _____

Phone1: _____ Phone2: _____

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