

# St. Olaf Diving Camp 2010|Registration

Name \_\_\_\_\_ T Shirt Size: AS AM AL AXL

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

Date of birth: (mm/dd/yy) \_\_\_\_\_ Grade completed in June of 2010 \_\_\_\_\_ Gender (circle one): Male Female

Club or school team \_\_\_\_\_ How many years competitive diving? \_\_\_\_\_

Camp Fee:  \$ 465 for registrations received by May 14  
 \$ 505 for registrations received after May 14

## 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 14.  
Card type: Visa MasterCard Discover

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 14): St. Olaf Diving 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 14. 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 all pictures of my minor child taken by St. Olaf College for promotional purposes and programming materials including the St. Olaf 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 \_\_\_\_\_