

St. Olaf Engineering and Physics Camp 2010 | Registration

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

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Parent/guardian name _____ St. Olaf alum? _____ Year _____

Date of birth: (mm/dd/yy) _____ Grade completed in June of 2010 _____

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

Camp Selection: Fees are for registrations received prior to June 1, 2010. Add \$40 for registrations after that date.

___ \$545 Camp Fee

___ \$ 40 Fee for registrations received after June 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 June 1.

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 June 1):
St. Olaf Engineering and Physics 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 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 _____