

Harvard Swim School Registration Form

Parent(s) Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Phone 2 (_____) _____

Email address (please print clearly): _____

(We will confirm receipt of your registration via email soon after March 15, 2004.)



Participant Information (feel free to copy if you need additional space):

Name (and nickname)	Gender	Age	Level	Time	Cost
---------------------	--------	-----	-------	------	------

Ex: Susie Swimmer	F	6	S 1	9:30	149.00
-------------------	---	---	-----	------	--------

1. _____

2. _____

Additional Contribution to fund-raiser for Harvard Swimming and Diving: _____

(Any additional contribution is tax-deductible.)

Total Enclosed: _____

Fee Summary:

Swimming Levels 1 & 2 (Semi-Private): \$149.00

Swimming Levels 3-6 and Diving: \$119.00

Please return this portion with your check, payable to: "HARVARD UNIVERSITY ATHLETICS."



I, _____, for my heirs, assigns, executors and administrators, in consideration of Harvard University permitting the enrolled student to use certain facilities and property in order to participate in the Harvard University Swim School, do hereby waive and release any and all rights and claims for damage I may have against the President and Fellows of Harvard University, their agents, representatives, successors or assignees for any and all injuries to me or the enrolled student resulting from the participation in said program.

Signature of Parent or Guardian _____ Date _____