

Registration Form, September 11 – November 21, 2017 Junior Olympic Elite Team (Harvard AND BU)

| Name: | | | | | Home Phone: | | |
|---|-------------------------------|--------------------------|------------------------------|-----------------------------------|-----------------------------------|--|--------------------------------|
| Address: | | | | | Cell Phone/Other: | | |
| City: State: Zip: | | | Zip: | | USA Diving No. | | |
| School/Club Coach: | | | | | AAU Diving No. | | |
| Parents' Names: | Father: | | | | Mother: | | |
| Email address: | | | | Age: | Birth Date: | | |
| Please circle your preferred practice days and note your selections below: | | | | | Mon | Wed | Fri |
| | | V | Vaiver of | f Liability: | | | |
| have against the Presider assignees for any and all i | | | | | l program. | • | rent or Guardian |
| Date | | | | | | | |
| | | Fall Workou | ıt Sched | ule at Blodg | ett Pool: | | |
| Practices are held at Harvincluding 2 days at BU. WENTER THE POOL 1 carry over into the next s with questions by email. | We will meet OU DOWNSTAIR: | TSIDE upsta S OR GO O | airs at Blo U T ON | odgett Pool at THE POOL | 6:00 P.M. for dryla DECK UNTIL | and. PLEASE 7 P.M.!!! Misse | DO NOT ed days will not |
| | | Fees for C | CRD Wo | orkouts at Ha | ırvard | | |

| <u>Program</u> | 9/11-11/21 |
|--------------------------|-----------------|
| 2 Days/Week (M/W/F only) | \$720 (20 days) |
| 3 Days/Week (Any Day) | \$900 (26 days) |

Daily Fee: \$50 per workout for drop-ins. If currently registered, extra practices are \$40 per workout. Payment is due on or before the FIRST day of practice. There are no refunds, and NO MAKEUPS except in the case of prolonged diving injury. Please check the calendar posted online regularly for schedule changes and/or additions/deletions. Please make checks payable to "Keith Miller."