

Registration Form, January 8 – March 16, 2018 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:	arents' Names: Father:				Mother:		
Email address:				Age:	Birth Date:		
Please circle your preferred practice days and note your selections below:					Mon	Wed	Fri
		V	Waiver of	Liability:			
Harvard University, USA Di the participation in said programmers' Signature		agents, repres	sentatives,	successors	or assignees for any and		me resulting from Parent or Guardian
Date							
		Fall Worko	ut Sched	ule at Blodg	ett Pool:		
Practices are held at Harvard Divers must be training at lea dryland. PLEASE DO NO? Missed days will not carry ove directly with questions by em	ast 4 days/week, in ENTER THE er into the next set	ncluding 2 day POOL DOV	rs at BU. ' VNSTAI	We will meet RS OR GO	OUTSIDE upstairs at OUT ON THE POO	Blodgett Pool a	nt 6:00 P.M. for ГІL 7 P.M.!!!
There is no diving on the fo	ollowing dates: F	Fri, 1/19, Fri,	2/2, Tu	-Fri, 2/13-16	, Fri, 3/2.		
		Fees for 6	CRD Wo	rkouts at Ha	arvard		

Program1/8 to 3/16/182 Days/Week (M/W/F only – including extra days outside BU session)\$900 (25 days)3 Days/Week (Any Day – including extra days outside BU session)\$1070 (31 days)

<u>Daily Fee:</u> \$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 <u>check the calendar posted online regularly for schedule changes</u> and/or additions/deletions. **Please make checks payable to "<u>Keith Miller.</u>"**