

# Eckerd College Watersports Classes 2008/09 Application

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address (If Eckerd Student, give dorm and box number.) \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

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## CLASS SELECTION

Class Name	Session #	Cost
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
Total Amount Due		\$ _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## PAYMENT

VISA/MC/AMERICAN EXPRESS Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Please make checks payable to: Eckerd College

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**OFFICE USE ONLY:** Paid \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Type \_\_\_\_\_

Student# \_\_\_\_\_ Receipt# \_\_\_\_\_ Confirmed - Date \_\_\_\_\_ By \_\_\_\_\_

**ECKERD COLLEGE WATERSPORTS CLASSES  
PROCEDURE AGREEMENT AND STATEMENT OF UNDERSTANDING**

**CANCELLATION / REFUND POLICY**

1. No refunds or credits are issued if you cancel or change a class on or after the first day of the class, regardless of the reason.
2. Eckerd College reserves the right to cancel classes that have not met the minimum enrollment. If we cancel a class, your payment will be fully refunded.
3. Requests for full refunds due to injury or illness must be accompanied by a physician's written verification of date and type of injury or illness. This verification must be received no later than one week after the missed class.

**GENERAL POLICIES**

1. All students must be able to swim.
2. All students must wear proper footwear at all times, both on land and on the water. Flip flops are not acceptable. Water shoes or sports sandals with Velcro straps are recommended.
3. All students must wear their lifejackets while on the water and on the docks.
4. Classes are held rain or shine. If the weather makes on-water practice impractical, students will participate in classroom instruction and other land activities. Make-up sessions of on-water practice are not offered.

I have read and understood the Policies listed above and agree to abide by what is stated.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**OFFICE USE ONLY:**

Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_

By \_\_\_\_\_ Student ID # \_\_\_\_\_