



HARVARD
ED PORTAL

617-496-5022
224 Western Ave.
Allston, MA 02134

edportal.harvard.edu

f Harvard Ed Portal
@HarvardLocal

Membership Application

MEMBER'S CONTACT INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE:
HOME STREET ADDRESS:		
MAILING ADDRESS (if different from above):		
CITY:	ZIP CODE:	
HOME PHONE:	CELL PHONE:	
DATE OF BIRTH:	GENDER:	
EMAIL ADDRESS:		

HOW DID YOU LEARN ABOUT THE ED PORTAL?: WALK-IN WEEKLY EMAIL MENTORING/HOMEWORK HELP FACEBOOK/TWITTER
 GOOGLE SEARCH FRIEND/FAMILY/NEIGHBOR OTHER:

RACE/ETHNICITY (optional): WHITE, NON-HISPANIC BLACK / AFRICAN-AMERICAN HISPANIC / LATINO NATIVE AMERICAN / ALASKAN NATIVE
 HAWAIIAN NATIVE / PACIFIC ISLANDER ASIAN OTHER:

FAMILY MEMBERSHIP INFORMATION

Spouse/Qualified Domestic Partner:

LAST NAME:	FIRST NAME:	MIDDLE:
DATE OF BIRTH:	GENDER:	EMAIL:

Children in the Household:	Child 1	Child 2	Child 3
FIRST NAME:			
LAST NAME (if different):			
DATE OF BIRTH:			
SCHOOL AND GRADE:			
EMAIL (if applicable):			

EMERGENCY CONTACT INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE:
PHONE:	ALTERNATE PHONE:	

Questions?

Please email:
edportal@harvard.edu
or call:
(617) 496-5022

By signing below, you certify the accuracy of the information submitted here and agree to abide by the Ed Portal regulations and guidelines. Thank you for choosing to join the Harvard Ed Portal.

APPLICANT SIGNATURE:	DATE:
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Assumption of Risk and General Release

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING

I am fully aware of and assume the risks (including, without limitation, the risk of serious bodily injury, property loss or damage) of participation in recreational activities and use of recreational facilities at Harvard University (“Harvard”). I recognize my responsibility to participate only in those activities for which I have the required skills, qualifications, training and physical conditioning. I understand that I must pay for all medical treatment and related costs if I am injured. I release, hold harmless and agree to indemnify Harvard, its officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action (including without limitation negligence), loss or liability for injury to person or property, which I may suffer or for which I may be liable to any other person, related to my participation in recreational activities or use of recreational facilities at Harvard. I, the undersigned parent and/or legal guardian of the minor child(ren) listed on the membership form, do hereby consent to his/her/their participation in recreational activities and use of recreational facilities at Harvard.

I, personally and on behalf of each minor child listed above, release, hold harmless and agree to indemnify Harvard, its officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action (including, without limitation, negligence), loss or liability for injury to person or property, which said minor(s) may suffer or for which said minor(s) may be liable to any other person, related to the participation of said minor(s) in recreational activities or use of recreational facilities at Harvard.

ACKNOWLEDGEMENT OF POLICIES:

I have received a copy and read the policies regarding my [and my family’s] use of the Harvard Allston Education Portal and related recreation facilities and I agree that [my family] and I will adhere to those policies. If [my family or] I do not adhere to those policies, I recognize that Harvard may, at its sole discretion, suspend or terminate my membership to the Harvard Allston Education Portal.

I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Massachusetts (excluding its conflict of laws principles).

NAME: _____ DATE: _____

MEMBERSHIP ELIGIBILITY SECTION

APPLICANT: *Please enclose copies of #1 and #2a or #2b – Verification to be done by Ed Portal staff*

1. VALID MASSACHUSETTS ID YES NO

2. PLEASE ONLY COMPLETE 2A OR 2B:

2a. Check one of the following as proof of residency:

Electric, Heat, Water, Telephone or Cable Bill Harvard flyer with applicant’s home address

Monthly Bank or Credit Card Statement Other: _____

2b. For applicants that live outside of Allston- Brighton, please check one of the following as proof of enrollment at the Gardner Pilot Academy for at least one member of the family.

BPS school assignment notification Report Card (grades may be crossed out) Other: _____

OFFICE USE ONLY

STAFF MEMBER: _____ DATE PROCESSED: _____

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