



HARVARD  
ED PORTAL

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

[edportal.harvard.edu](http://edportal.harvard.edu)

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# 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?: <input type="checkbox"/> WALK-IN <input type="checkbox"/> ED PORTAL EMAIL <input type="checkbox"/> ED PORTAL STAFF MEMBER <input type="checkbox"/> ED PORTAL WEBSITE <input type="checkbox"/> FLYER/POSTER <input type="checkbox"/> FRIEND/COLLEAGUE <input type="checkbox"/> SOCIAL MEDIA <input type="checkbox"/> OTHER:		
RACE/ETHNICITY (optional): <input type="checkbox"/> WHITE, NON-HISPANIC <input type="checkbox"/> BLACK / AFRICAN-AMERICAN <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NATIVE AMERICAN / ALASKAN NATIVE <input type="checkbox"/> HAWAIIAN NATIVE / PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER:		

## FAMILY MEMBERSHIP INFORMATION

Spouse/Qualified Domestic Partner:

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

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](mailto: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 #1a and #1b or #1c — Verification to be done by Ed Portal staff

1A | Check one of the following as proof of residency (documents must be dated within the last 60-days):

- ☐ Electric ☐ Heat ☐ Water ☐ Telephone ☐ Cable Bill  
☐ Harvard flyer with applicant's home address ☐ Monthly Bank or Credit Card Statement  
Other: \_\_\_\_\_

1B | For applicants that live outside of Allston-Brighton, please check one of the following as proof of affiliation with the Gardner Pilot Academy for at least one member of the family:

- ☐ BPS school assignment notification  
☐ Report Card (grades may be crossed out)  
☐ proof of participation in the GPA adult education program  
Other: \_\_\_\_\_

1C | For high school students currently enrolled in Brighton High School, Boston Green Academy or Mary Lyon Pilot High School, please check one of the following of proof of enrollment:

- ☐ BPS school assignment notification  
☐ Report Card (grades may be crossed out)  
Other: \_\_\_\_\_

## Questions?

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

### OFFICE USE ONLY

STAFF MEMBER:

DATE PROCESSED: