2008 LEAP CAMPS @ HARDING Registration

*Registration Deadline (LEAP) is May 23, 2008

Directions:

- Complete all information on this form and indicate selected classes and fee totals for LEAP camps only.
- Complete a registration form for EACH APPLICANT and keep a photocopy of registration for your files.
- Read all POLICIES and sign the registration form.
- Make course fee checks payable to Harding Academy and make supply checks payable to instructors
- Please turn completed LEAP registration form and ALL fees (including supply fees) to the school office (Deans office) at the Harding location your child attends or mail to: **LEAP CAMPS @ Harding, 8360 Macon Rd, Cordova, TN, 38018.**
- For registration questions, call Sheryl Ragland at (901) 322-3016 or e-mail ragland.sheryl@hardinglions.org.

Student's Name_____ Age _____

Entering Grade _____School _____ *Presently enrolled in Harding Day Camp? Y N

Home Address _____

City_____ State & Zip _____

Home Phone #_____ Work #_____Cell # _____

e-mail address _____

In the event a parent cannot be reached, please call:

Name_____ Relationship_____ Phone # _____

*Can the above named person give permission for treatment? ___Yes ___No

Preferred Hospital _____

Please list any dietary restrictions or allergies_____

*Except as indicated above, my child is in good health and able to participate in all activities.

Please list the names of persons who are authorized to pick up child from LEAP classes:

_____

If enrolled in Harding Day Camp, my child has permission to leave Day Camp in order to attend a LEAP class and be checked out and returned by the LEAP instructor or Harding teacher / staff member. (circle one) Y N NA

With the understanding that safety standards will be met, I do hereby release forever discharge and agree to hold harmless Harding Academy, its employees, agents, or representatives from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever that may be incurred by me and my child due to my child's participation in the LEAP Program. I give my permission for my named child to be treated by qualified medical personnel at any facility chosen by Harding Academy, and authorize its representative to act as my agent in signing for such treatment at the chosen medical facility or doctor's office.

I have read and understand the LEAP policies outlined in this brochure. _____

May we include your child's name and/or photograph in our advertising (ex. web photo gallery, Newspaper articles, summer brochure pictures) ___Yes ___No

Signature of Parent/Guardian_____Date _____

LEAP T-Shirts are available for $10 payable to Harding Academy - Circle size: YS Y M YL AS AM AL AXL

Visit our website at www.hardinglions.org/elementary/leap

Check #	$ Amount	Check #	$ Amount	Check #	$ Amount	Check #	$ Amount