2007 Summer LEAP Registration

Registration Deadline is Friday, May 18, 2007

Directions:

- Complete all information on this form and indicate selected classes and fee totals
- Complete a registration form for EACH APPLICANT and keep a photocopy of registration for your files
- Read all policies and sign registration form
- Make course fee checks payable to Harding Academy and make supply checks payable to instructors
- Please turn completed registration form and ALL fees to the school office at the Harding location your child attends or mail to: Spring LEAP Program, Harding Academy Cordova, 8360 Macon Rd, Cordova, TN 38018
- Harding high school students should send registration to their Dean's office or send to the address above
- For registration questions call Sheryl Ragland at (901) 322-3016 or e-mail ragland.sheryl@hardinglions.org

Student's Name_____ Age_____

Grade Entering Fall '07 _____ School/Location _____ *Presently enrolled in Summer 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:

_____

My child has permission to leave Summer Camp 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 (*Must be enrolled)

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 and web page photo gallery? ___Yes ___No

Signature of Parent/Guardian_____ Date_____

LEAP T-Shirts are available for $10 payable to Harding Academy Circle one: 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