

**Harding University  
Marching Percussion Camp  
June 24-25, 2011**

**REGISTRATION FORM**

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Name of School \_\_\_\_\_ Director \_\_\_\_\_

Grade Next Fall \_\_\_\_\_ Years of Percussion Experience \_\_\_\_\_

Instrument You Plan on Bringing \_\_\_\_\_

**Please mail to:  
Dr. Wesley Parker  
Harding University  
Department of Music  
Box 10767  
Searcy, AR 72143**

## **Grant of Medical Authority and Release**

As the parent and/or legal guardian of (child's name) \_\_\_\_\_, I do hereby give to Harding University, Inc. and to any and all members of its faculty, staff, or administration, the right and authority to take whatever reasonable action or procedures, including the execution of any documents or instruments, which may be required or necessary by emergency circumstances, so obtain medical, hospital, or surgical care by the physician or surgeon for and on the behalf of my child. I understand that Harding University will attempt to contact me before authorizing such medical treatment.

I do hereby release and discharge Harding University, Inc. and all its agents/employees from any and all claims, demands, and liabilities to me or to my child, on account of any and all injuries or damages, whether direct or indirect occasioned by and through the exercise of authority granted in the foregoing paragraph.

I do further accept the financial responsibility for all medical attention which may be needed so long as this medical attention is prescribed by a legally licensed and qualified physician or surgeon. I will be responsible for filing any claims, if any, with my insurance company.

The provisions of this agreement are servable. If any portion of it is invalid, it shall not affect the validity of the remainder.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor Student

\_\_\_\_\_  
Date