

MULTIPERC LLC SUMMER PERCUSSION CAMP

PLEASE COMPLETE THIS STUDENT REGISTRATION AND MEDICAL RELEASE FORM. MAKE CHECK PAYABLE TO *MULTIPERC LLC* AND MAIL TO:

MARS HILL COLLEGE
SUMMER PERCUSSION CAMP
ATTN: BRIAN TINKEL
Box 6693
MARS HILL, NC 28754

CAMPER'S NAME _____ [] MALE [] FEMALE

INSTRUMENT _____ T-SHIRT SIZE _____ AGE _____
(SNARE, TENOR, BASS, CYMBAL, FRONT ENS.)

HOME MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ HOME E-MAIL _____

PARENT/GUARDIAN CONTACT (PLEASE PRINT) _____ PARENT/GUARDIAN SIGNATURE*

PARENT/GUARDIAN PHONE NUMBER _____

BAND DIRECTOR'S NAME _____ SCHOOL NAME _____

SCHOOL MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

SCHOOL OR BAND ROOM TELEPHONE _____

REQUESTED ROOMMATE'S NAME _____

* PARENTAL PERMISSION: I GIVE MY CHILD PERMISSION TO ATTEND THIS CAMP AND ALSO GRANT PERMISSION FOR ANY PHOTOGRAPHS TAKEN DURING THE CAMP TO BE USED FOR FUTURE PUBLICITY.

PLEASE COMPLETE THE MEDICAL RELEASE INFORMATION ON THE FOLLOWING PAGE.

THIS FORM MUST BE COMPLETED & SIGNED BY A PARENT/GUARDIAN. STUDENTS WHO DO NOT COMPLETE THIS FORM CANNOT PARTICIPATE.

MULTIPERC LLC SUMMER PERCUSSION CAMP

MEDICAL RELEASE INFORMATION - ROBINSON INFIRMARY

CAMPER'S NAME

PARENT/GUARDIAN CONTACT PHONE

FAMILY PHYSICIAN

OFFICE PHONE

MEDICAL HISTORY:

MEDICATIONS TAKEN AT HOME

(INCLUDE DOSAGE FOR OVER THE COUNTER MEDICATIONS, SUCH AS TYLENOL AND BENADRYL, USED FOR MINOR ILLNESSES OR PAIN):

ALLERGIES:

PHYSICAL LIMITATIONS, IF ANY:

ADDITIONAL HEALTH INFORMATION:

(PLEASE LIST ANY SPECIAL CIRCUMSTANCES THAT MAY NOT OTHERWISE BE LISTED, SUCH AS RELIGIOUS CONVICTIONS OR LEGAL ARRANGEMENTS):

I/WE HEREBY AUTHORIZE ANY MEDICAL TREATMENT FOR MY SON/DAUGHTER THAT MAY BE REQUIRED.

PARENT OR LEGAL GUARDIAN SIGNATURE

THE MARS HILL COLLEGE INFIRMARY CHARGES A NOMINAL FEE FOR EXTENDED ASSESSMENTS AND SUPPLIES.

A REGISTERED NURSE IS ON DUTY EVERY DAY IN THE MHC INFIRMARY.

**PLACE A COPY OF
YOUR INSURANCE CARD HERE
SHOWING COVERAGE
FOR CAMPER**