



GK-12 Summer Field Science Camp Registration

The University of Texas Marine Science Institute

Child's Name	Date of Birth	Child's Home Telephone
Child's Home Address	Grade Level He/She is Entering for the 2009-10 School Year:	
Parent or Guardian Name(s)	Address (if different from child's address)	
Mother and Father Contact Information Home/Work: Cell: Email:	Guardian Contact Information Home/Work: Cell: Email:	
Session Date(s): <i>Please circle all that apply</i> 1) June 15-19 2) June 22-26 3) July 6-10	Session Level: <i>Please circle only one per application</i> Grades 3-4, 10:00 AM-12:00 PM Grades 5-8, 8:30 AM-1:00 PM	
Emergency Contact (name, address, phone number of person to call if parents/guardians cannot be reached)		Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following person(s). Please list name & telephone numbers for each. Children will only be released to a person designated by the parent/guardian after verification of ID.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%; border-left: 1px solid black; border-right: 1px solid black;"></div> <div style="width: 30%; border-left: 1px solid black; border-right: 1px solid black;"></div> <div style="width: 30%; border-left: 1px solid black;"></div> </div>		

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees.	
1. TRANSPORTATION:	<input type="checkbox"/> for emergency care <input type="checkbox"/> field trips <input type="checkbox"/> ride a bus <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in field trips.
Parent Comments:	
3. WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in water activities.
Grades 5-8 only	<input type="checkbox"/> wading in the bay <input type="checkbox"/> snorkeling* <input type="checkbox"/> kayaking* <input type="checkbox"/> activities in the Gulf waters
4. RECEIPT OF WRITTEN OPERATIONAL POLICIES:	<input type="checkbox"/> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.
5. MY CHILD HAS PERMISSION TO:	<input type="checkbox"/> be released to the care of his/her siblings under 18 years old. Name of sibling(s): _____ <input type="checkbox"/> walk to and from school
6. IMMUNIZATIONS:	<input type="checkbox"/> His/Her immunization record is on file at the school and all required immunizations and/or tuberculosis tests are current. Vision/Hearing screening records are also on file.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Phone Number:
Name of Emergency Medical Care Facility:	Address:	Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Signature – Parent or Legal Guardian: _____		

List any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries, hospitalization during the past 12 months, any medication prescribed for long-term continuous uses, and other information which caregiver's should be aware of:

Name and Address of School Your Child Attends: _____ School Phone Number: _____

_____ Signature – Parent or Guardian _____ Date _____

Payment Information:

Check # _____ Amount _____ Paid in Full Y N