



City of Port Aransas Parks and Recreation Marlin Academy 2021-2022 Participation Form

Child's Name	Date Of Birth	Child's Home Telephone No.
Child's Home Physical Address		
Parent's/Guardian's Name	Physical Address (if different than child's address)	Email Address
Parent's/Guardian's Name	Physical Address (if different than child's address)	Email Address
Mother/Guardian Phone	Father/Guardian Phone	Other Emergency Phone

Give the name, address & phone of the person to call in an emergency when the parents/guardians cannot be reached.

Name	Address	Phone	Relationship
I hereby authorize my student(s) to leave the program with the following approved designees.			
Name _____	Phone _____	Relationship _____	
Address _____	City _____	State _____	Zip _____
Name _____	Phone _____	Relationship _____	
Address _____	City _____	State _____	Zip _____
Name _____	Phone _____	Relationship _____	
Address _____	City _____	State _____	Zip _____
Name _____	Phone _____	Relationship _____	
Address _____	City _____	State _____	Zip _____

Please check all that apply

- 1) I Give/ Do Not Give my consent for my student to be transported and supervised by Camp Marlin staff.
- 2) I Give/ Do Not Give my consent for my student to participate in Field Trips.
- 3) I Give/ Do Not Give my consent to participate in water activities.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that 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	Address	Phone Number

I give consent for the facility to secure any and all necessary medical care for my child

Signature – Parent or Legal Guardian _____



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

PLEASE INITIAL ALL THAT APPLY

_____ My students' immunization record is on file at the school and all required immunizations and tuberculosis test are current. Vision and Hearing screening records are also on file.

_____ My student has permission to ride a bus _____ My student has permission to walk to and from school

_____ My student has permission to be released to their sibling(s) under the age of 18

Sibling(s) Name(s) _____ Phone _____

Release Waiver

_____ I understand that the City of Port Aransas, its employees or volunteers are not liable for injuries suffered by my child while participating in any city program.

_____ I understand that I must notify Parks and Recreation in writing of any changes to the information I have provided in the enrollment documents.

_____ I give my permission to the City of Port Aransas Parks and Recreation and its agents to use my or my child's photograph publically to promote the programs. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

_____ I will notify Parks and Recreation if my student will be absent or late to the program

_____ Our programs have a committed end time. I will notify the staff if I am going to be late

The Following actions will be taken if you are late picking up your student(s)

- a) The staff will call the listed parents and guardians
- b) The staff will call the emergency contact listed on the registration form
- c) If no one can be reached, the Port Aransas Police Department will be notified

_____ If my child engages in inappropriate behavior that disrupts the Parks and Recreation program, the staff will contact a parent or guardian to remove the child immediately from the program for the day. Continued inappropriate behavior will result in the child's removal from the program.

I understand the requirements listed above. I agree to abide by them during my child's enrollment in any Port Aransas Parks and Recreation activity.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

The Phone number to Camp Marlin/Sailfish is 361-749-5110
Please call us if your student is going to be absent or late arriving to the program.

**The Port Aransas Parks and Recreation Programs are not licensed by the
Texas Department of Family and Protective Services
(Child Care Licensing)**