Homeschool Days

Child Name: _____ **Gender**: ☐ Male ☐ Female

Parent/Guardian Name:_____ Relation:_____

Daytime Phone(s):_____ E-mail Address: _____

Address: _____ Emergency Phone: _____

Parent/Guardian Sign Name	Print Name	Date

Parent/Guardian Initial

_____ ***Authorization for Emergency Medical Attention:** In the event that I cannot be reached to make arrangements for emergency attention, I authorize the Texas Maritime Museum or person in charge, to arrange treatment at the closest medical facility.

_____ ***Publications:** I give my consent for my child to be photographed and/or videotaped for publicity of the Texas Maritime Museum.

_____ ***Release of Liability:** I, being the parent or guardian of the above stated child, release the Texas Maritime Museum, Volunteers, Staff, Board members, or any representatives thereof associated with the Homeschool Class program, from any potential liability for any and all claims of injury, illness, and/or accident which may directly or indirectly result from my child's participation.

If applicable, please list of your child's medications, food allergies or special medical related conditions

_____

_____

_____

*Circle your child's current grade.

Grade: 1st 2nd 3rd 4th
5th 6th 7th 8th

Check Class Date:

☐ January 10th Lighthouse Living
☐ February 14th Want to Trade? Material and Cultural Exchange
☐ March 7th Camouflage: Duck, Duck, Goose!
☐ April 11th The Colony Kit

Payment Method: ☐ Cash ☐ Check: # _____ ☐ Credit Card: # _____
Expiration Date (MM/YY): _____

✓Fax: (361) 729-9938
✓Mail Address: 1202 Navigation Circle, Rockport, TX 78382
✓Drop off: Museum Administration Office (white building/blue roof next door to Museum).
✓Please Print! Registration must be clear and legible.
✓Registration Fee of $6.00 **(you can pay early or on the day of class)**

Cut off and keep for your records.

Child's Name_____

Class Time:
1pm-3pm Grades 1-8

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