

**Sailor's Holiday Spring Break Camp**  
March 12-16, 2018 from 9:00 AM – 12:00 PM



**Child Name:** \_\_\_\_\_

**Gender:**  Male  Female

**Grade:** age 5... K ... 1<sup>st</sup>... 2<sup>nd</sup>... 3<sup>rd</sup>... 4<sup>th</sup>... 5<sup>th</sup>

**Fee:** \$75.00

**Parent or Guardian:**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Daytime phone:** \_\_\_\_\_ and/or \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Other Emergency contact information:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please attach a list of your child's medications or special medical related conditions.**

**\*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.

**Parent/Guardian initial:** \_\_\_\_\_

**\*Publications:** I give my consent for my child to be photographed and/or videotaped for publicity of Sailor's Holiday - Spring Break Camp 2017.

**Parent/Guardian initial:** \_\_\_\_\_

**\*Release of Liability:** I, being the parent or guardian of the above stated child, release the Texas Maritime Museum, Board members, volunteers or any representatives thereof associated with the Sailor's Holiday 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 in Sailor's Holiday – Spring Break Camp.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
\_\_\_\_\_

**I authorize my child to be released only to the following persons (Please Print):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_