

Student Permission Slip

I. BACKGROUND INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Names: _____

Telephone # (Home) _____ Mother (Work) _____ Father (Work) _____

The participant is a: Non-Swimmer Beginner-Swimmer Intermediate-Swimmer

EMERGENCY CONTACT: (Other than parent/guardian or adult participant if under 18)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PLEASE NOTE: A participant or staff member under the age of 18 who does not attend a Maryland public or private school, grades 1st through 12th, must furnish documentation of age-appropriate primary immunizations against diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella (German measles), and mumps. A participant or staff member will not be admitted to, nor may work at, a program site without the required immunizations. Documentation may include a written statement from a licensed physician, or from a local health officer, indicating that immunization (i) has been satisfied, (ii) is considered medically contraindicated, detrimental to or not in the best interest of the participant's or staff member's health, or (iii) conflicts with the parent's or guardian's bona fide religious beliefs and practices.

III. RELEASE/AUTHORIZATION

I hereby give permission for the applicant to participate in all program activities specified above, and agree to release Harford County, a body corporate and politic of the State of Maryland, its officers, employees, and agents, from all liability arising from any harm or injury incurred by the participation of the applicant in the program stated above.

Unless otherwise indicated by a parent in writing at the time of registration, photographs of participants may be taken while participating in the program activities for use in publications. No personal information other than the participant's first name will be released under any circumstances.

By way of copy or original of this form, I authorize the staff of Harford County Department of Parks & Recreation to obtain medical/hospital treatment for the above participant in the event of an emergency.

(Signature of participant if 18 or older) (Date)

(Signature of Parent/Guardian if under 18) (Date)

Student Permission Slip

I. BACKGROUND INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Names: _____

Telephone # (Home) _____ Mother (Work) _____ Father (Work) _____

The participant is a: Non-Swimmer Beginner-Swimmer Intermediate-Swimmer

EMERGENCY CONTACT: (Other than parent/guardian or adult participant if under 18)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PLEASE NOTE: A participant or staff member under the age of 18 who does not attend a Maryland public or private school, grades 1st through 12th, must furnish documentation of age-appropriate primary immunizations against diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella (German measles), and mumps. A participant or staff member will not be admitted to, nor may work at, a program site without the required immunizations. Documentation may include a written statement from a licensed physician, or from a local health officer, indicating that immunization (i) has been satisfied, (ii) is considered medically contraindicated, detrimental to or not in the best interest of the participant's or staff member's health, or (iii) conflicts with the parent's or guardian's bona fide religious beliefs and practices.

III. RELEASE/AUTHORIZATION

I hereby give permission for the applicant to participate in all program activities specified above, and agree to release Harford County, a body corporate and politic of the State of Maryland, its officers, employees, and agents, from all liability arising from any harm or injury incurred by the participation of the applicant in the program stated above.

Unless otherwise indicated by a parent in writing at the time of registration, photographs of participants may be taken while participating in the program activities for use in publications. No personal information other than the participant's first name will be released under any circumstances.

By way of copy or original of this form, I authorize the staff of Harford County Department of Parks & Recreation to obtain medical/hospital treatment for the above participant in the event of an emergency.

(Signature of participant if 18 or older) (Date)

(Signature of Parent/Guardian if under 18) (Date)