**Personal Information:**

|  |  |
| --- | --- |
| Name (First, Middle, Last) | Social Security No: |
| Gender: Male [ ]  Female [ ]   | Date of Birth (M/D/Y: | Age: | Nationality: |
| Present Address: | City/Town: | District: |
| Phone Number: | Class: |
| Can you swim? [ ] yes [ ]  No  |
| How would you describe your ability to swim?  |
|  |
| *Tell me about yourself*: |
|  |

**Educational Background:**

|  |
| --- |
| Kindly provide educational background below: |
| Name of Educational Institution Attended | From | To | District |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Parent/Guardian - Contact Information**

|  |  |
| --- | --- |
| Name (First, Middle, Last) | Social Security No: |
| Gender: Male [ ]  Female [ ]   | Date of Birth (M/D/Y: | Nationality: |
| Present Address: | City/Town: | District: |
| Phone Number: | Home Phone: | Work Phone: | Email Address: |
| Relation to child: |
| Occupation: | Employer: |
| Please list those people including in addition to parents/guardians who are permitted to pick up your child: |

**Emergency Contact Information**

|  |  |
| --- | --- |
| Name (First, Middle, Last) | Relation to child: |
| Present Address: | City/Town: | District: |
| Phone Number: | Home Phone: | Work Phone: | Email Address: |
| Occupation: | Employer: |

**Medical History**

Kindly provide the required details below that will assist the Belize Port Authority with providing the best medical care if needed to your child. The information provided is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

List any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem Required treatment Should paramedic be called?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes/No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes/No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

 Yes\_\_ No\_\_ If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release**

I hereby give permission for my child to be photographed during the **Belize Port Authority’s Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of the Belize Port Authority.

Parent’s/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lost Items or Damage to Property**

The Belize Port Authority and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's’ photos and quotes may be used for publicity purposes.

Parent’s/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indemnity**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Parent/Guardian Name of Child

to participate in the Belize Port Authority’s Summer Camp Program. I understand that there are inherent risk involved and I hereby undertake to indemnify the Belize Port Authority completely an irrevocably from any injury or death that may arise as a consequence of his /her involvement in the program.

Parent’s/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_