



2018-2019 School Year Registration Form

Child #1

First Name: _____ Middle Name: _____ Last Name: _____

Gender: _____ Age: _____ Birthdate: _____ Grade: _____

Swimming Ability: __ Beginner __ Intermediate __ Advance

Child #2

First Name: _____ Middle Name: _____ Last Name: _____

Gender: _____ Age: _____ Birthdate: _____ Grade: _____

Swimming Ability: __ Beginner __ Intermediate __ Advance

Child #3

First Name: _____ Middle Name: _____ Last Name: _____

Gender: _____ Age: _____ Birthdate: _____ Grade: _____

Swimming Ability: __ Beginner __ Intermediate __ Advance

- First Semester** (August 2018 – December 2018): _____
 - Second Semester** (January 2019 – June 2019): _____
 - Both Sessions:** _____
-

Member(s) Medical Concerns

Allergies:

Medical Problems/Medicine Needs:



Parents Information:

First Name: _____ Middle Name: _____ Last Name: _____

Military Grade: _____ Federal Grade: _____ Phone: _____

Secondary Parent/Guardian

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

Emergency Contact(s) Information:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Person other than Parents/Guardians authorized to pick up child:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

*******IMPORTANT MESSAGE*******

In the event that said minor is injured or become ill while participating in the Summer Camp Program and I cannot be contacted at or through the telephone number I provide, I hereby authorize whatever medical care and services necessary under the circumstances to correct the injury or treat the illness of said child.

I agree to indemnify and hold harmless MWR and the U.S. Government for any/all liability for injuries sustained arising out of or in the course of the field trip/event caused by negligence of others outside Borinquen Air Station, MWR and the U.S. Government.

(Parent/Guardian Signature)

Date



USCG Air Station Borinquen's Youth Program
Permission Slip

I _____ the parent/legal guardian of _____

Give my permission for the above named dependant/s to participate/s in:

Field Trip Event: POOL DAYS @ Air Station BQN Pool Facilities
Date: Selected Dates during 2018 - 19 School Year Program Schedule
Departure Location: Youth Center
Return Location: Youth Center

Special Trip/Event Information:

During the School Year Program, part of the weekly schedule includes weekly trips to the Air Station in-base pool facilities. The kids will use and enjoy the _____ facilities after having lunch. There will be lifeguards available as well as Staff _____ members monitoring the children at all time. Please provide the children with _____ extra clothing and towel.

*****IMPORTANT MESSAGE*****

In the event that said minor is injured or become ill while participating in the field trip and I cannot be contacted at or through the telephone number I provide, I hereby authorize whatever medical care and services necessary under the circumstances to correct the injury or treat the illness of said child.

I agree to indemnify and hold harmless MWR and the U.S. Government for any any/all liability for injuries sustained arising out of or in the course of the field trip/event caused by negligence of others outside Borinquen Air Station, MWR and the U.S. Government.

(Parent/Guardian Signature)

Parent/Guardian Name: _____
Phone: _____

Additional:
Emergency Contact Name: _____ Phone: _____
Relation: _____
Special Concerns of Participate (allergies, special instructions, etc.)

Child can Swim: YES/NO



PHOTO - VIDEO RELEASE FORM

Name/Purpose of Photos/Videos: MWR AIRSTA Borinquen Facebook & Instagram, Page

I hereby consent to the reproduction, publication, use of name & photographs/video footage taken of _____ (Your Child's Name) by Air Station BQN's Youth Program in affiliation with Boys & Girls Clubs of America. The data would be used in advertising, promoting events on Web sites, and social media,. I fully understand that I will receive NO remuneration as a result of any use of my child's name / photo / video.

(Printed Name of Legal Guardian)

(Signature / Date)

Address

Phone #