



**2018 Summer Science Program Registration & Release**  
**The University of Texas Marine Science Institute**  
**Mission-Aransas National Estuarine Research**



*If registering multiple children, fill out one form per child*

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Grade level he/she is entering for the upcoming school year \_\_\_\_\_  
 Check the week your child will attend      June 4-8      June 11-15      June 18-22      June 25-29  
 Check the session level of your child      Grades 3-4<sup>th</sup>, 10 am – 12 pm      Grades 5-8<sup>th</sup>, 8:30 am – 12:30 pm  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Parent/Guardian 1 \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Address (if different from child) \_\_\_\_\_  
 Parent/Guardian 2 \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Address (if different from child) \_\_\_\_\_

***In case of emergency, please notify the following individual(s) if neither parent nor guardian is available:***

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

**The University of Texas at Austin**  
**Youth Protection Program**  
**Transportation Form**

*This form must be completed and returned to the outreach coordinator prior to the program start date. Choose the appropriate transportation option for your minor.*

**Parent/Legal Guardian Drop-Off/Pick-Up**

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ ("my child") will drop-off and pick-up my child from UTMSI Summer Science during the duration of the camp/program.

If I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ am unable to pick-up or drop-off my child the person named below will be responsible for picking up my child. I grant permission for the following people below to pick my child up from UTMSI Summer Science. (*This person is required to show photo identification to the designated camp personnel*).

Full Name	Phone Number	Driver's License Number (Required)	Expiration Date	Address

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Permission to Walk/Bike

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ authorize and give consent to UTMSI Summer Science to release my child from UTMSI Summer Science without parental or guardian supervision and hereby consent, acknowledge and allow my child to \_\_\_walk \_\_\_ bike to and from UTMSI Summer Science.

I hereby acknowledge and accept all risks individually and/or on behalf of my minor child, and I hereby release The University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to my child, my child's personal representatives, estate, heirs, next of kin and assigns for any and all illness or injury to my child's person, including his/her death, that may result from or occur during my child's walk or bike to and from the camp without parental or guardian supervision, whether caused by negligence of The University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my child's negligence or intentional act or omission.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY CHILD'S INJURY OR DEATH OR DAMAGE TO MY CHILD'S PROPERTY THAT OCCURS WHILE WALKING OR BIKING TO AND FROM THE UNIVERSITY OF TEXAS AT AUSTIN CAMP/PROGRAM AND I AGREE TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY CHILD'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

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Permission for Camper Self Check-In/Check-Out (only for campers 15 years or older as of the first date of the camp/program)

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ understand and acknowledge that UTMSI Summer Science begins [each day at/on] \_\_\_\_\_ and ends [each day at/on] \_\_\_\_\_.

I authorize and give my consent to allow \_\_\_\_\_ to check-in and/or check-out [each day] during the duration of the UTMSI Summer Science. I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ give my consent to arrive alone to camp and leave alone after check-out once the camp has concluded.

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ understand \_\_\_\_\_ does not have permission to leave the camp/program for any reason, this only authorizes \_\_\_\_\_ to check-in independently at the beginning of the camp/program and/or check-out independently at the conclusion of the camp/program.

In signing this form, I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ certify the information provided is true and accurate. I agree at the conclusion of [each day of] the camp/program The University of Texas at Austin will no longer have custodial responsibility for \_\_\_\_\_. I also recognize \_\_\_\_\_ should leave The University of Texas at Austin immediately following the conclusion of the UTMSI Summer Science they are enrolled in.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

**The University of Texas at Austin Youth Protection Program Consent for Treatment/Immunizations of a Minor**

FOR UNIVERSITY HEALTH SERVICES USE ONLY	
Patient Name: _____	_____
Medical Record #: _____	_____
DOB: _____	Gender: _____
Provider: _____	Date: _____

*This form must be completed and returned to the assistant program coordinator prior to the program start date.*

**Personal Information**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M \_ F \_  
 Specify week and grade level your child will attend \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Parent/Guardian 1 \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Place of employment \_\_\_\_\_  
 Parent/Guardian 2 \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Place of employment \_\_\_\_\_  
 Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Plan Number \_\_\_\_\_  
 Is physician authorization needed?  Yes  No Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**In case of emergency, please notify the following individual(s) if neither parent nor guardian is available:**

1. \_\_\_\_\_ Phone \_\_\_\_\_  
 2. \_\_\_\_\_ Phone \_\_\_\_\_

**Health History**

Allergies: \_\_\_\_\_  
 Date of most recent tetanus immunization: \_\_\_\_\_  
 Please list any *major* past illnesses (contagious and non-contagious): \_\_\_\_\_  
 Please list any *major* operations or serious injuries (include dates): \_\_\_\_\_  
 Has the camper ever been hospitalized?  No  Yes  
 Does the camper have a chronic or recurring illness?  No  Yes  
**If YES**, explain: \_\_\_\_\_  
 Is there anything else in camper's health history that the camp staff should know? \_\_\_\_\_  
 Are there any activities from which the camper should be restricted?  No  Yes  
 Does the camper have any special dietary restrictions? No Yes  
**If YES**, explain: \_\_\_\_\_  
 Does the camper wear any medical appliances (glasses, contact lenses, orthodonture, etc.)?  No  Yes  
**If YES**, explain: \_\_\_\_\_  
 Is the camper's immunization record current showing that the camper has been immunized in accordance with the Texas Department of State Health Services Minimum State Vaccine Requirements?  No  Yes **If No**, attach official documentation of TDHS exemption from immunizations for Reasons of Conscience or a Physician's Statement of medical contraindications.

This authorizes The University of Texas at Austin physicians, medical personnel and camp sponsors to release information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of \_\_\_\_\_ (participant name) to camp staff. This information includes injuries or illnesses relevant to participation in the above named camp at The University of Texas at Austin.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
 CAMPER'S DATE OF BIRTH \_\_\_\_\_ PROGRAM NAME UTMSI Summer Science

Will the camper need to take any medication at camp?  No  Yes  
 If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage.

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken

The University of Texas at Austin sponsored UTMSI Summer Science designated personnel will not dispense non-prescription or prescription medication to the above named participant until the following information has been completed by a parent or guardian. It is the responsibility of the parent/guardian to give the medication directly to the camp director or designated staff member in individual dosage containers, original prescriptions containers, or envelopes clearly labeled with dosage instructions on the first day of camp.

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ give permission to the staff of UTMSI Summer Science to administer the prescription medications listed above.

My child may possess and self-administer the following medicine: \_\_\_\_\_  
and I affirm that my child understands and agrees that he/she will use the medication only according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp, and failure to do so is a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

***I hereby release The University of Texas at Austin, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from the administering of the above medication.***

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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I, the undersigned, as the parent or legal guardian of \_\_\_\_\_ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor; and to provide or arrange necessary related transportation for minor to a healthcare facility for emergency services as needed. The attending provider, appropriate staff, and The University of Texas at Austin and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and I hereby release them from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

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***I have received a copy of University Health Services Notice of Privacy Practices as required by HIPAA Privacy Rules.***

The University of Texas at Austin honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this link <http://www.healthyhorns.utexas.edu/privacy.html> to the University Health Services Notice of Privacy Practices.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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**The University of Texas at Austin  
Youth Protection Program  
Media Release**

Camper's Name: \_\_\_\_\_

Program Name/Session: \_\_\_\_\_

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I hereby grant full permission to The University of Texas at Austin to prepare, record, use, reproduce, publish, distribute and exhibit my child's name, picture, portrait, likeness or voice, or any or all of them in connection with any medium, including by not limited to, the production of websites, still photography, motion picture film, television take, film or sound track recording, scientific publication or any other purpose The University of Texas at Austin deems appropriate.

I hereby waive all rights of privacy or compensation, which I may have in connection with the use of my child's name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said media, including, but not limited to web site, still photography, motion picture film, television take, film or sound track recording and any use to which the same or any material therein may be put , applied or adapted by The University of Texas at Austin.

This consent and waiver will not be made the basis of a future claim of any kind against The University of Texas at Austin and any of its agencies.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

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**The University of Texas at Austin  
Youth Protection Program  
Release and Indemnification Agreement**

Camper's Name: \_\_\_\_\_  
Program Name/Session: \_\_\_\_\_

**Participant:**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of Activity: UTMSI Summer Science

Locations: UT Marine Science Institute (3rd-8th, weeks 1-4)

Dates: June 4 – 29, 2018

R/V Katy (5th-8th, weeks 1-4)

Texas A&M University-Corpus Christi, Harte Research Institute (5th-8th, weeks 1/3)

Port Aransas Nature Preserve (3rd-4th, weeks 1/3)

Texas State Aquarium (5th-8th, weeks 2/4)

I am the Parent/Guardian of \_\_\_\_\_ (participant name), who is under eighteen years of age and I \_\_\_\_\_ (parent/legal guardian) am fully competent to sign this Agreement.

I give permission for Participant to participate in the above referenced activity or trip, I hereby acknowledge that the nature of the activity or trip may expose this Participant to hazards or risks that may result in participant's illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of participant being permitted to participate in the activity for trip, I hereby accept all risks to participant's health and of his or her injury or death that may result from such participation and I hereby release The University of Texas at Austin its governing board, officers, employees, and representatives from any and all liability to participant, participant's personal representatives, estate, heirs, next of kin and assigns for any and all claims and causes of action for loss of or damage to participant's property and for any and all illness or injury to participant's person, including his/her death, that may result from or occur during participant's participation in the activity or trip, whether caused by negligence of The University of Texas at Austin, its governing board, officers, employees, or representative, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from participant's negligence or intentional act or omission while participating in the described activity or trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

**Please Return to:**

Name of Program: UTMSI Summer Science

Outreach Coordinator: Nicole Pringle Email:

npringle@austin.utexas.edu

Phone: (361)749-3153

Mailing Address: Nicole Pringle

UTMSI

750 Channel View Dr.

Port Aransas, TX 78373