

Permission Slip and Medical Release Form Must Be Returned Immediately

Please print all information – incomplete forms will be returned

Child's Name _____ Name of Program(s) _____

Date of Birth _____

Address _____

Parent/Guardian _____ Home Phone: _____ Cell Phone _____

In case of emergency, contact _____ Relationship _____

Home Phone _____ Cell Phone _____

Medical History- Must Include Immunization Record

Check any and all that apply to your child

Medical Conditions

Allergies

Dates last immunized:

Please include physicians vaccine record

None

None

Heart condition

Nuts/peanuts

Epilepsy

Bee stings

Diabetes

Milk/Lactose

Asthma

Colored dyes

Other _____

Other _____

Please attach a copy of your child's immunization record

Current prescribed medications _____

Please specify any health concerns, physical/mental limitations, or other information you feel our staff should know about. Also, please indicate if your child has any special dietary restrictions.

Family Medical/Hospitalization Insurance Coverage

Name of Insurance Company or Government Program _____

Policy/Identification # _____

Family Physician's Name and Phone # _____

I hereby give my child permission to fully participate (subject to restrictions noted) in all Long Island Aquarium Summer Program activities.

I further grant permission to the director of the activities (or authorized designee) to dispense or supervise administration of any prescribed medication my child is currently taking during program hours.

I understand that I will be notified in case of serious injury or illness. However, in the event that I or my designated representative cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature _____

Date _____

Parent or Guardian

Acknowledgement of Risk & Transportation Form

*This form must be completed and returned to **Long Island Aquarium** before child may participate in planned activities.*

I hereby grant permission for my child _____ to participate in the daily program activities sponsored by **Long Island Aquarium** during the current year's Summer Adventure Days program, and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the Summer Adventure Days program activities and my child's participation in such activities, and use of any equipment related to such activities, may result in injury, illness, or death, and/or damage to personal property. I understand other participants, accidents, forces of nature, or other incidents may cause these risks and dangers and I hereby accept these risks and dangers. My child is in good health. I understand that he/she may participate in strenuous physical activity.

I agree that the **Long Island Aquarium** staff may, when necessary, transport my child from special activity sites in their personal vehicles.

I permit the use of any photos, slides, films, videos, or sketches of him/her taken during the activity for publicity, advertising, and promotion.

I HAVE READ THE ABOVE AND BY SIGNING BELOW, I AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE INDICATED ACTIVITIES.

The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors.

Parent/Guardian Name (print) _____

Signature of Parent/Guardian _____ Date _____

Address _____

Child's Name _____ D.O.B. _____

Transportation of Participant Information

Parent(s) will personally transport child(ren) to and from program daily. _____

My child will carpool to and from program daily with _____

My child may be released to the following person(s) **only** (Include full name and home/cell phone)

My child will be participating in the 2pm-5pm aftercare program. (Aftercare participants must pre-register and be paid in full for the entire week that you are scheduled for Summer Adventure Days.) Additional registration and fees apply.

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED BY MONDAY, JUNE 6TH, 2022 OR REGISTRATION IS SUBJECT TO CANCELLATION.



I, _____, hereby grant permission for images (video, photo, digital) of myself, or my child/student, captured during regular and/or special activities at the Long Island Aquarium (including Atlantis Banquets & Events, Hyatt Place Long Island/East End, and Treasure Cove Resort Marina), to be used on its Web sites, or any promotional sites, in other official printed or e-mailed publications, advertisements, web banners, gate banners, or by various media outlets. I also agree to waive any rights of compensation or ownership thereto. I acknowledge the users' right to crop or treat the image at its discretion. I also acknowledge that the facility may not choose to use my photo at this time but may do so at its discretion at a later date.

I also understand that once the image is posted online, it can be downloaded by anybody. Therefore, I agree to indemnify and hold harmless from any claims the following:

- Long Island Aquarium
- Atlantis Banquets & Events
- Hyatt Place Long Island/East End
- Treasure Cove Resort Marina
- LI Canoe Kayak Rentals
- Seaside Grill
- Flyboard LI
- All Media Outlets

Long Island Aquarium reserves the right to discontinue use of images without notice.

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

SIGNATURE: _____

Photo Description / ID #:
