



Margaret M. Clark Aquatic Center  
**PERMISSION FORM**  
 Adaptive Aquatics Swimming Program  
**BISD “Life skills” Students**



Student: \_\_\_\_\_ School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Your child is invited to participate in the “**Adaptive Aquatics Swimming Program**” at the Margaret M. Clark Aquatic Center, located at 2901 F.M. 802, Brownsville, Texas. While in this program, children will experience **mobility, water safety and recreational activities.**

**Note: This form and the **doctor’s approval form** must be signed and returned to your child’s classroom teacher 5 days before your child begins the swimming program.**

I have read the attached rules and regulations with my child, and we understand the importance of safety while at the Aquatic Center. I take full responsibility for the participation of my child and will not hold BISD liable for any accident that occurs. **I give permission** for my child to participate in the “Adaptive Aquatics Swimming Program”.

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

Emergency Contract Number: (\_\_\_\_) \_\_\_\_\_

I **DO NOT GIVE PERMISSION** for my child to participate in the “Adaptive Aquatics Swimming Program”.

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

Emergency Contact Number: (\_\_\_\_) \_\_\_\_\_

Revised: 8-2021