



Margaret M. Clark Aquatic Center  
 PERMISSION FORM  
 Adaptive Aquatics Swimming Program  
**“S.F.L.” 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.** Please check the appropriate statement.

\_\_\_\_\_ My child **has no** medical restrictions.

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

\_\_\_\_\_ My child **Has** medical restrictions.\*

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

**\*Note: If Child has medical restriction an updated adaptive aquatic physician’s form must be attached.**

This 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 for my child, and I 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 Contact 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 date: 8-2021

*BISD does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs or activities.*