



THE HEART OF TEXAS AQUATICS TEAM

FOR OFFICIAL USE ONLY
DATE RECEIVED:

SWIMMER EMERGENCY TREATMENT AUTHORIZATION & RELEASE FORM

Swimmer's Names: (Please print neatly)

Table with columns: Last, First, MI, Male/Female, Birth Date. Rows 1, 2, 3.

IN AN EMERGENCY CONTACT:

Name of Parent or Legal Guardian:
Family Address:
Home Phone: Father's Work: Mother's Work:
Father's Cell: Mother's Cell:

IN AN EMERGENCY WHERE NEITHER PARENT CAN BE REACHED
Contact:
Name: Address:
Phone: Alternate Number:
Or Contact the Doctor/Dentist Listed Below:
Name: Name:
Address: Address:
Phone: Phone:

Please state any medical conditions that might impair your child's (children's) participation at poolside or in the pool:

THE HEART OF TEXAS AQUATICS TEAM COACHING STAFF OR OTHER APPOINTEE WILL ATTEMPT TO CONTACT ONE OF THE ABOVE PERSONS, BUT IF NONE OF THE ABOVE CAN BE CONTACTED, THE COACHING STAFF REPRESENTATIVE ON DECK AT THE POOL HAS OUR PERMISSION TO USE THEIR DISCRETION IN SECURING MEDICAL AID IN WHAT, TO THEM, APPEARS TO BE AN EMERGENCY SITUATION. IT IS UNDERSTOOD NEITHER THE HEART OF TEXAS AQUATICS TEAM NOR THE PERSON RESPONSIBLE FOR OBTAINING MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

I HAVE READ THE STATEMENT AND AGREE TO THE STATEMENT AS IT IS WRITTEN.

Signature of Parent or Legal Guardian: Date:

PERSONAL RELEASE STATEMENT: I UNDERSTAND COMPETITIVE SWIMMING PARTICIPATION MAY HAVE AN ELEMENT OF HAZARD OR INHERENT DANGER AND I TAKE FULL RESPONSIBILITY FOR MY CHILD'S (CHILDREN'S) ACTIONS AND PHYSICAL CONDITION. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE HEART OF TEXAS AQUATICS TEAM AND ITS EMPLOYEES, BOARD MEMBERS AND OFFICIALS FROM ANY LIABILITY, LOSS, COST OR EXPENSE (INCLUDING ATTORNEY'S FEES, MEDICAL AND AMBULANCE COSTS) THAT MAY INCUR AS THE RESULT OF PARTICIPATING IN SWIM TEAM ACTIVITIES.

Signature of Parent or Legal Guardian: Date:

MEDICATION: Acetaminophen ("Tylenol" or other brand names of Acetaminophen) will be given at the coaches' discretion with the signed consent of a parent or legal guardian.

PERMISSION FOR ACETAMINOPHEN: YES NO

Signature of Parent or Guardian: Date: