

# South Texas Open Water Team Swimmer's Medical Release Form

SWIMMER'S  
NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

## EMERGENCY INFORMATION

MOTHER'S NAME \_\_\_\_\_ HM PH(\_\_\_\_\_) \_\_\_\_\_  
WK PH(\_\_\_\_\_) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HM PH(\_\_\_\_\_) \_\_\_\_\_  
WK PH(\_\_\_\_\_) \_\_\_\_\_

## IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

NAME \_\_\_\_\_ HM PH(\_\_\_\_\_) \_\_\_\_\_  
WK PH(\_\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ HM PH(\_\_\_\_\_) \_\_\_\_\_  
WK PH(\_\_\_\_\_) \_\_\_\_\_

ALLERGIES \_\_\_\_\_

OTHER MEDICAL CONDITIONS \_\_\_\_\_

SWIMMER'S PHYSICIAN \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_

MEDICAL AND/OR HOSPITAL INS. CO. \_\_\_\_\_  
**(PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD AND  
ATTACH TO THIS FORM)**

**POLICY HOLDER** \_\_\_\_\_ **POLICY #** \_\_\_\_\_  
**GROUP #** \_\_\_\_\_

**PARENTS' APPROVAL AND MEDICAL RELEASE**

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SWIMMING AND IN CONSIDERATION FOR USA SWIMMING AND SOUTH TEXAS SWIMMING, INC. AND ITS MEMBERS ACCEPTING THE REGISTRANT FOR THE SOUTH TEXAS ZONES TEAM, I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY UNITED STATES SWIMMING, SOUTH TEXAS SWIMMING, THE SOUTH TEXAS SWIMMING STAFF AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF THE FACILITIES UTILIZED FOR THE MEET ASGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE ALL STAR CHAMPIONSHIP AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

I HEREBY GIVE CONSENT TO HAVE A STAFF MEMBER AND/OR DOCTOR OF MEDICINE OR DENISTRY PROVIDE MY SON/DAUGHTER WITH MEDICAL ASSISTANCE AND/OR TREATMENT AND AGREE TO BE RESPONSIBLE FINANCIALLY FOR THE REASONABLE COST OF SUCH ASSISTANCE AND/OR TREATMENT BEYOND THE COVERAGE ALLOWED BY MY PERSONAL COVERAGE AND THAT ALLOWED BY USA SWIMMING.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SUBSCRIBED AND SWORN TO BEFORE ME THIS** \_\_\_\_\_ **DAY**  
**OF** \_\_\_\_\_, **20** \_\_\_\_\_

**NOTARY PUBLIC** \_\_\_\_\_ **MY COMMISSION**  
**EXPIRES** \_\_\_\_\_

**(RAISED SEAL OR ORIGINAL STAMP – NOTARY SEAL IS MANDATORY)**