

All Star Meet

Swimmer's Medical Release Form

SWIMMER'S
NAME _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ 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 ALL STAR 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)