

TWST EMERGENCY PROCEDURE FORM (2012)

(One Per Swimmer)

Swimmer: _____ [_____] _____
Last Name First Name Middle I. Date of Birth Sex

Address: _____

Home Telephone Number: _____ Age Group _____

Father: _____ Work # _____

Mother: _____ Work # _____

Alternate Person: _____ Phone # _____

Alternate Person: _____ Phone # _____

Doctor: _____ Phone #: _____

Hospital: _____ Phone #: _____

CONSENT TO TREAT:

In the event of an emergency (illness or accident) an attempt will be made to contact you, the alternate persons listed, or the doctor listed. If this fails, your child will be taken to the hospital listed if possible or the nearest hospital. A swim team representative will stay with your child until you or an alternate person assumes responsibility.

I agree with the above stated policy and release the TowneWest Swim Team from any liability. I hereby give permission to the physician selected by the Swim Team to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent's Signature Date

SWIMMER'S RELEASE:

My son/daughter, _____, needs a ride to/from some/all of the away swim meets. I hereby release the TowneWest Swim Team and the sponsoring parents from all liability in connection with travel to/from all swim meets.

Parent/Guardian Signature _____ Date _____

THIS DOCUMENT MUST BE NOTARIZED:

State of Texas This document was acknowledged before me
County of Ft. Bend on _____, 20 _____

NOTARY'S SIGNATURE

2012

Team: TowneWest

SHRSL REGISTRATION AND RELEASE FORM (Complete One for Each Swimmer)

Swimmer Name	Last	First	M.I.
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Address

City, State, Zip

Home Phone Number Email address

Sex	Birth date (MM/DD/YYYY)	Age (as of 05/31/12)
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Amateur Athletic Waiver and Release of Liability - Adult or Minor

In consideration of being allowed to participate in the Southwest Houston Recreational Swim League (hereinafter SHRSL) swimming program (in any manner) and related events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from their own actions, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue SHRSL, their respective administrators, directors, agents, coaches, and other members of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the events, all of which are hereinafter referred to as Released Parties, from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Released Parties or otherwise.
5. Agree to abide by all UIL/SHRSL rules and regulations governing coaches and UIL participation.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____
(If 18 or older)

www.SHRSL.org