



**MEDICAL INFORMATION AND RELEASE
AND
TEAM YES! HOLD HARMLESS**
(Must have a completed and signed form for each child / swimmer)

Child's Name _____ DOB _____ Phone Number _____

Address, City, State, Zip _____

Emergency Telephone Number:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I, _____, in the event that I can not be reached to make arrangements for
(Print name of Parent or Guardian)
emergency medical attention, authorize the staff and /or coaches of **Team YES! Aquatics of Houston** to take my child,
_____, to _____ or to the nearest
(Print Name of Swimmer) (Print Name of Physician and Phone Number)

emergency medical facility. If the named physician is not available, I authorize the staff and coaches to obtain emergency medical attention and treatment for my child at a hospital or clinic of their choice. I give consent to the hospital or clinic, and physicians to render the necessary emergency treatment to my child. The undersigned assumes responsibility for any cost connected with such treatment and authorizes transportation by emergency or private vehicle to an appropriate medical facility.

Signed: _____ Date: _____

Insurance Company _____ Policy Number _____

Name of Insured _____ Group Number _____

Known Drug Allergies _____

Known Medical Conditions _____

Team YES! SWIMMER'S AGREEMENT TO HOLD HARMLESS

I, _____, agree to and hereby release **Team YES!**, the **Team YES!**
(Print Name of Parent or Guardian)
coaching staff, the Cy-Fair Independent School District, Gulf Swimming, Inc., and the USA Swimming, Inc.;
their agents and employees from all liabilities and claims arising by reason of injuries that may occur to

_____ while participating in the programs of **Team YES! Aquatics**
(Print Name of Swimmer)

of Houston including travel to and from training sessions, other scheduled activities, and swimming meets. I agree to indemnify and hold harmless the above mentioned, their agents and employees, against any and all liability for personal injury, including injuries resulting in death, or damage to property, or both while enrolled in the program. I agree to reimburse the above for any and all damages they are compelled to pay arising from any such claim, demand, action, or cause of action as my arise from my or my child's action while enrolled in the program.

Signed: _____ Date: _____