



Tyler Swim Academy - Metroplex Aquatics

Masters Medical Release

This form must be completed and notarized.

Swimmer Name: _____

I request that if needed I be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment if needed. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named swimmer.

Date of Birth _____ Date of last Tetanus Booster: _____

Allergies _____

Other Medical Conditions: _____

Swimmer's Physician _____ Phone _____

Medical Insurance Provider _____ Phone _____

Policy Holder _____ Policy Number _____

Emergency Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work/Mobile Phone _____

Email Address _____

I agree to and hereby release Tyler Swim Academy; the TSA coaching staff; North Texas Swimming, Inc.; and USA Swimming, Inc.; their agents and employees from all liabilities and claims arising by reasons of injuries that may occur to my child while participating in the programs of the Tyler Swim Academy, 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 may arise from my or my child's action while enrolled in the program.

Signature of Swimmer _____ Date _____

Sworn to and subscribed before me on the _____ day of _____, Year _____

Notary Public _____

My Commission Expires _____