

Brownsville Independent School District
Margaret M. Clark Aquatic Center

Medical Release Form

I hereby authorize Margaret Clark Aquatic Center to provide me with medical care and treatment and emergency medical services associated with participation in this program. In addition, I agree to pay all costs associated with my medical treatment or transportation. I further authorize the release of any medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while participating as a member of the Margaret Clark Aquatic Center Aquatic Program.

I understand and appreciate that my participation in aquatics carries a risk of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk.

The undersigned, parent or legal guardian of _____ represents he/she is in fact acting in such capacity and agrees to save and hold harmless Brownsville Independent School District, Margaret Clark Aquatic Center or their respective coaches, officers, directors, agents, representatives, or employees for any and all damages that may be sustained or suffered by me in connection with, or arising out of my traveling to , participating in, and returning for any Margaret Clark Aquatic Center program. I also agree to indemnify and hold harmless the Brownsville Independent School District, Margaret Clark Aquatic Center and all related entities for any damages incurred arising from any claims, demand, action or clause of action by participant.

In the event I am injured or should require medical attention, I hereby authorize Margaret M. Clark Aquatic Center to contact the physician listed on registration form. In the event the doctor cannot be reached, I hereby authorize the coach or a Margaret M. Clark Aquatic Center representative to secure necessary medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment, by calling me at the number listed on the registration form. In case I cannot be reached, or in case of emergency, medical treatment as described may proceed without authorization.

Signature

Date

NOTE: If participant is under age, the PARENT or GUARDIAN must sign the following waiver:

This is to certify that I as parent/guardian of _____ , participating in Margaret M. Clark Aquatic Center aquatic programs, give my consent to Margaret M. Clark Aquatic Center and its representatives to obtain medical care from any licensed physician, hospital or clinic for the above mentioned, for injury that could arise from participation in these programs.

Signature

Date

Brownsville Independent School District
Margaret M. Clark Aquatic Center

Emergency Card

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Age: _____ Sex: _____

Daytime Phone: _____ Evening phone: _____

Nearest Relative: _____

Relationship: _____ Ph: _____

Physician Name: _____ Number: _____

Please note any physical/medical issues or allergies: _____
