

R & R Aquatics 2012 Summer Swim Team

Emergency Contact Form

Multiple swimmers in a single family may be listed when ALL contact, emergency, and insurance information is the same. Otherwise, use a separate form. Please indicate 'No' or 'Yes' with detail in spaces provided:

Swimmer Name (s)	DOB	Age	Any medications taken regularly? Please list.	Is child allergic to any medications? Please list.	Any other known allergies?	Any medical conditions?

Home Address _____, TX _____

Email address _____

Father's name: _____ Phone # _____

Mother's name: _____ Phone # _____

Emergency Contact name : _____ Phone # _____

Doctor's name: _____ Phone # _____

Insurance Company _____ Phone # _____

Policy # _____ Group # _____

Insurance information CCAA League has a league policy that covers all teams in the league, including R&R Aquatics Swim Team. The policy is with Texas Insurance & Financial Services, Inc, 102 N. Washington, El Campo, Texas 77437, 979-543-2709. The coverage includes all swimmers, divers, coaches, managers and volunteer workers. The policy covers team practices, transportation to and from meets and all CCAA sanctioned meets. The policy coverage is May 1, 2012 to April 30, 2013.

Deductible-\$250 Accidental Death and Dismemberment-\$10,000 Maximum Medical Expense Benefit-\$25,000

Parent/Guardian Permit Wavier

If, in the judgment of any representative of the R&R Aquatics Swim Team, the above swimmer(s) should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said swimmer(s) by any physician, nurse, hospital, or lifeguard on duty. I do hereby agree to indemnify and save harmless the R&R Aquatics Swim Team and LCISD or hospital representative from any claim by any person on account of such care and treatment of said swimmer(s).

_____ Date _____

Parent Signature

Your signature below gives authorization that is necessary for the R&R Aquatics Swim Team, coaches, lifeguards, associated physicians, and athlete insurance personnel to share information concerning medical diagnosis and treatment for the above swimmer.

_____ Date _____

Parent Signature