

R&R AQUATICS SWIM TEAM
Emergency and Contact Form

Athlete Information

Name _____ Age _____ DOB _____

Home address _____

Father's name _____ Phone # _____

Mother's name _____ Phone # _____

Emergency contact _____ Phone # _____

Doctor's name _____ Phone # _____

Insurance company _____ Phone # _____

Policy # _____ Group # _____

Please circle No or Yes and explain all YES answers:

Does your child take any medications regularly? No Yes _____

Is your child allergic to any medications? No Yes _____

Does your child have any other known allergies? No Yes _____

Insurance Information

CCAA League has a league policy which covers all teams in the league, including R&R Aquatics Club. 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, 2010 to January 31, 2011.

Plan of Insurance

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

Parent / Guardian Permit Waiver

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

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

Signature of Parent/Guardian

Date