



Capital of Texas Aquatics July Summer Extension July 7th – July 31st

FAMILY NAME:

Contact Information

Last Name	First-Parent 1	First-Parent 2
Address Line		
City	State	Zip Code
Parent 1: Cell Phone	Office Phone	E-Mail
Parent 2: Cell Phone	Office Phone	E-Mail

	Swimmer #1	Swimmer #2	Swimmer #3	Swimmer #4
First Name (First, Middle, Last)				
Date of Birth (mm/dd/yy)				
Preferred Name				
Beginner – Frogs \$50.00 For swimmers who cannot complete 25 meters on their own. Minimum age - 5				
Adv. – Dolphins \$75.00 This group is designed for swimmers who can complete 25 meters (fr and bk) unassisted and have some swim team experience.				
SWIMMER TOTAL				

FAMILY TOTAL DUE.....	
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This is a 4-week swimming program. Classes will run July 7th thru July 31st. The Frog Group will run on Monday and Wednesday mornings (8:55-9:25am OR 9:25-9:55am) and the Dolphin Group will swim on Tuesday and Thursday mornings (8:25-9:05am OR 9:05-9:45am).

Signature

Date

Please make all checks payable to COTA



Capital of Texas Aquatics Medical Release Form

FAMILY NAME:

SWIMMER NAME:

(Please complete one form for each swimmer)

Swimmer Medical and Emergency Information

Doctor's Name

Doctor's Phone

Emergency Contact

Emergency Contact Phone(s)

Medical Insurance Company

Group Number

Subscriber Number

Insured's Name

List Medical Conditions (Note any physical/medical issues or allergies)

List swimmer name and all medications taken on a regular basis:

I hereby authorize COTA 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 member of COTA.

I understand and appreciate that my participation in the sport of swimming 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 s/he is in fact acting in such capacity and agrees to save and hold harmless USA Swimming, Inc., the Local Swimming Committee (LSC), COTA, GHCC, 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 from COTA. I also agree to indemnify and hold harmless COTA, and all related entities for any damages incurred arising from any claims, demand, action, or cause of action by the participant.

In the event I am injured or should require medical attention, I hereby authorize COTA to contact the physician listed. In the event the doctor cannot be reached, I hereby authorize the coach or other COTA 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 numbers listed on this form. In case I cannot be reached, or in case of emergency, medical treatment as described may proceed without further authorization.

This is to certify that I, as parent/guardian of _____, participating in COTA, give my consent to COTA and its representatives to obtain medical care from any licensed physician, hospital, or clinic for the above-mentioned athlete for injury that could arise from activities in this competition.

Signature

Date



*****ALL PARTICIPANTS MUST COMPLETE AND SUBMIT THIS FORM TO THE CAPITAL OF TEXAS AQUATICS SWIM TEAM PRIOR TO THE START OF THE SUMMER EXTENSION SWIM PROGRAM*****

**CAPITAL OF TEXAS AQUATICS
ASSUMPTION of RISK
July 7, 2008-July 31, 2008**

The undersigned (hereinafter referred to as "Participant") hereby agrees to the following:

1. Participant recognizes and understands that certain risks of harm are inherent and that there are dangers involved that cannot be fully foreseen and over which the Capital of Texas Aquatics and Great Hills CC has no control which could result in property damage, bodily injury or death. The Participant fully understands USA Swimming, the Great Hills Country Club, the Capital of Texas Aquatics, nor their officers, employees, or volunteers shall be responsible for an injury which results, either fully or in part, from failure to fully comply with the requirements, instructions and/or rules.
2. Participant understands that there are dangers and inherent risks in playing or participating in any fitness activity or sport (such as walking, climbing, running, stretching, weightlifting, swimming, aerobic exercise, fitness assessment, stress test, etc.) that include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, serious injury related to the eye and/or head, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other parts of the muscular/skeletal system, and serious injury to virtually or impairment to other aspects of my body and general health and well being.
3. The Capital of Texas Aquatics Swim team strongly suggests that the Participant seek medical advice prior to engaging in any fitness activity or sport (such as walking, climbing, running, stretching, weightlifting, swimming, aerobic exercise, fitness assessment, stress tests, etc.), and activities incidental thereto.
4. Participant agrees to assume all risks and responsibility for any and all claims for damages, including personal injury or death, and for any medical expense, which Participant may incur during any fitness activity or sport, and activities incidental thereto.
5. I have read the above agreement and foregoing and have willingly signed the same for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is 18 years of age or older or, if not, that his/her legal guardian is also signing this agreement.

Name of Participant: _____

Address of Participant: _____

Today's Date: _____ Parent or Guardian Signature: _____

In case of emergency:

Name: _____ Phone Number: _____

Address: _____