

**2010 PARENTAL APPROVAL - PARTICIPATION IN THE LONE STAR SUMMER SWIM LEAGUE AND
EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION**

Swimmer Name	Please List Any Medical Problems/Medications/Limitations

I hereby certify that the above named child(ren) has (have) my/our approval to participate in the Lone Star Summer Swim League on the Inwood Sharks Swim Team, to include practices and meets, at the Inwood pool or at other member team pools of the Lone Star Swim League.

I/We understand and agree that the Lone Star Summer Swim League, its agents, representatives, volunteers and employees, if any, assume no responsibility or liability for any accident or injury as a result of any aspect of participation in swimming activities and swimming events. I/We hereby agree to indemnify and hold harmless the Lone Star Summer Swim League, the Inwood Sharks Swim Team, the Inwood Swim Club, Inc., their agents, employees and representatives from any and all liability for any injury to my/our child resulting from participation in swimming activities organized or conducted pursuant hereto.

I/We understand and acknowledge that participation in the above listed activities creates the potential for risk of injury. With the knowledge of this potential risk of injury, I/we am giving my/our son/daughter/ward permission to participate in swimming and accept full responsibility for this decision.

In the event of an injury, I/we hereby grant permission to the Lone Star Summer Swim League and/or the Inwood Sharks Swim Team coaching staff and/or parent volunteers to render, secure and authorize necessary medical treatment in the event I/we am not immediately available to make those decisions.

I/We understand that any medical expenses for injuries incurred by my/our child are my/our responsibility.

My/Our insurance company is _____

Policy Number _____ Group # _____

A copy of this authorization for medical treatment shall serve as an original.

Parent or Guardian (Please Print)

Parent or Guardian (Please Print)

Parent or Guardian Signature

Parent or Guardian Signature

Date

Date

Phone (Home, Work, Cell)

Phone (Home, Work, Cell)

A COPY OF THIS AUTHORIZATION MUST BE IMMEDIATELY AVAILABLE AT EVERY EVENT IN WHICH THE SWIMMER PARTICIPATES