

Masters Swimming/Diving Checklist

Welcome to the Longhorn Aquatics community! We're providing the following checklist to help you complete the registration process, and ask that you return required forms to us before your first practice. If you cannot get a physician's authorization by this time, we understand and will allow you to begin practice as long as you return the Physician Authorization Form to us as soon as possible.

Please return the following forms to Longhorn Aquatics:

- 1) TXLA Masters Registration Form and/or Masters Diving Registration Form____
- 2) USMS Registration Form____
- 3) USMS Transfer Form____
- 4) Copy of AAU Membership Card____
- 5) Medical Forms
 - Release and Indemnification Agreement____
 - Pre-activity Clearance Examination: Physician Authorization____
 - Authorization for Release of Medical Information____
 - Consent for Treatment and Medical Insurance Information____
 - Acknowledgement of Receipt of Notice of Privacy Practices____
- 6) Billing Policy____
- 7) Credit Card Authorization Form____

Please keep the following:

- 1) Notice of Privacy Practices
- 2) Copies of forms listed above (you are welcome to make copies of any forms for your own records)

**The University of Texas at Austin
Longhorn Aquatics
Registration Form - Masters Swimming, Age 18 & Over**

PLEASE FILL OUT COMPLETELY

PARTICIPANT'S LAST NAME

PARTICIPANT'S FIRST NAME MIDDLE

DATE OF BIRTH SEX MALE FEMALE

DRIVER'S LICENSE # STATE

BILLING ADDRESS

CITY STATE ZIP

HOME PHONE - -

WORK PHONE - -

EMERGENCY PHONE - -

EMERGENCY CONTACT

EMAIL ADDRESS

PREVIOUS MEMBER YES NO

TRANSFERRING FROM ANOTHER CLUB YES NO

*****All members must register with USMS before participating.**

To register go to <http://registration.usms.org>.

Step 1 - Choose appropriate Prior Membership, then Submit. Step 2 - Use Club Abbreviation: TXLA, then Submit.

Step 3 - Fill in Personal Information and payvia credit card.

DESIGNATE FEES AND TRAINING GROUP

US MASTERS FEE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
***YEARLY TXLA REGISTRATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1ST MO. TRAINING FEE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2ND MO. TRAINING FEE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TRAINING GROUPS	TRAINING FEES	CHECK GROUP
MASTERS UNLIMITED	\$70.00 MONTH	<input type="checkbox"/>
MASTERS LIMITED*	\$55.00 MONTH	<input type="checkbox"/>
UT EID	<input type="text"/>	<input type="text"/>

*Only available to current UT students

***** Yearly TXLA Registration: \$50 September 1 - April 30 and \$20 May 1 - July 31. No fee for joining in August.**

ADDITIONAL INFORMATION

MONITOR	DATE
<input type="text"/>	<input type="text"/>
START DATE	PHOTO
<input type="text"/>	<input type="text"/>

TSC ID #

COMMENTS:

The University of Texas at Austin Longhorn Aquatics Registration Form - Diving Masters

PLEASE FILL OUT COMPLETELY

PARTICIPANT'S LAST NAME

PARTICIPANT'S FIRST NAME MIDDLE

DATE OF BIRTH - - SEX MALE FEMALE

DRIVER'S LICENSE # STATE

BILLING ADDRESS

CITY STATE ZIP

HOME PHONE - -

WORK PHONE - -

EMERGENCY PHONE - -

EMERGENCY CONTACT

*** Important! Please fill in an email address**

E-MAIL ADDRESS

PREVIOUS MEMBER YES NO

DESIGNATE FEES AND TRAINING GROUP

DUE AT REGISTRATION				
***TXLA REGISTRATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1ST MO. TRAINING FEE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2ND MO. TRAINING FEE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

***Diving Masters must join AAU diving at: <http://aasports.org/default.asp>

TRAINING GROUP: PLEASE MARK THE APPROPRIATE BOX			
	FEE		GROUP MEETS
DIVING MASTERS	60	<input type="checkbox"/>	M-Th 7:00 - 8:00pm

***** Yearly TXLA Registration per family:
\$50 September 1 - April 30 or \$20 May 1 - July 31. No fee for joining in August.**

*****All members must register with AAU before participating***
To register go to www.aasports.org and click on join now.
Club Name - Longhorn Aquatics. Club Code - STDIYTFKB7**

ADDITIONAL INFORMATION

MONITOR NAME	DATE	TSC ID# <input type="text"/>
START DATE	PHOTO	

COMMENTS:



2008 Membership Application

South Texas Local Masters Swimming Committee

Renewal – my last USMS number was _____
 New registration

Register with the same name you will use for competition. Please print clearly.

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone	
Date of Birth (mm/dd/yy)	Age	Sex (circle) M F	E-mail address	
Club Name or UNATTACHED			Today's Date	

WAIVER: I the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters swimming (training and competition) including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

Signature (required): _____

I wish to contribute \$1.00 (or \$ _____) to the International Swimming Hall of Fame Foundation. I have added this amount to my 2008 registration fees.

I wish to contribute \$1.00 (or \$ _____) to the United States Masters Swimming Foundation. I have added this amount to my 2008 registration fees.

I coach Masters swimmers.

I am a Swimming Official with _____.

I do not want to receive e-mails from South Texas LMSC, except for administrative purposes.

Occasionally, USMS may wish to inform members of an important issue: I DO NOT wish to receive these notices.

A USMS sponsor may wish to offer information emailed from the USMS National Office: I DO NOT wish to receive them. (**Email addresses are NOT supplied to the sponsor.**)

Benefits of Membership include: A subscription to USMS's magazine, *USMS SWIMMER*, during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription), and periodic mailings from the Local Masters Swimming Committee.

USMS Registered swimmers are covered with secondary accident insurance:

- 1) in practices supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered.
- 2) in USMS sanctioned meets where all competitors are USMS registered.

Please allow 2 weeks processing time.

Make check for total fees plus any donation amounts payable to **South Texas Masters Swimming** and mail check and completed form to:

**South Texas LMSC
 c/o Donna Schubkegel
 PO Box 160305
 Austin, TX 78716**

Registration fees and expiration dates:

Registration Date	USMS Fee	LMSC Fee	Total Fee	Date Reg Expires
Jan-Aug, 2008	\$25	\$10	\$35	Dec 31, 2008
Sep-Oct, 2008	\$20	\$5	\$25	Dec 31, 2008
Nov-Dec, 2008**	\$25	\$10	\$35	Dec 31, 2009

**NOTE: only 2009 registrations will be accepted as of Nov 1.
 Total fee is due with registration.

2008 Application for Transfer of Club Membership



For Office Use: New Registration No: _____

For USMS National Championships, the intent to transfer to the team with which the swimmer will be competing must be indicated on the USMS National Championship meet ENTRY FORM when entry is submitted. Proof that this transfer will be completed by the first day of the meet (60 day unattached period will be completed) must accompany entry form. This proof must be obtained from the registrar in either letter or new card form.

Name: _____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Birthdate: _____ Age: _____ Sex: _____

E-mail address: _____

Former Registration No: _____ **(Include copy of your current USMS card)**

*"The last day on which I competed for my former club was _____ (Month/Date/Year).
I hereby certify that it has been at least 60 days since I last competed for my former club. If I am entering a
USMS National Championship event, the 60 days will be up by the first day of the National Championship Meet."*

Signature: _____ **Date:** _____

Former Club No: _____ and Club Name: _____

New Club No: _____ and Club Name: _____

National Transfer Fee: \$ _____ \$1.50 _____

Local Transfer Fee: \$ _____ \$3.50 _____

TOTAL: \$ _____ \$5.00 _____

Mail this form with appropriate fees to:

STLMSC
Donna P. Schubkegel
PO Box 160305
Austin, TX 78716

THE UNIVERSITY OF TEXAS AT AUSTIN
LONGHORN AQUATICS

RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: (Name and Address)

INSTITUTION:

The University of Texas at Austin

DESCRIPTION OF ACTIVITY: Competitive Swimming _____ Masters Swim/Dive _____
Competitive Diving _____ College Swimming _____

LOCATION: Lee & Joe Jamail Texas Swimming Center

In consideration of Participant being permitted to participate in the Activity and to use the program's facilities and equipment, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation. I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Participant or Parent/Guardian
of Participant under 18 years of age

Signature of Witness

Address (if different than Participant's)

Date Signed by Witness

Date Signed

THE UNIVERSITY OF TEXAS AT AUSTIN
LONGHORN AQUATICS

PRE-ACTIVITY CLEARANCE EXAMINATION:
PHYSICIAN AUTHORIZATION

I hereby certify that I have examined _____ and have found him/her fit to attend and participate in Longhorn Aquatics. I know of no impairments, which would limit his/her participation except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments:

Date of Last Tetanus Booster: _____

Date of Physical Examination (**must have been completed within the last 12 months**)

Physician's Signature:

Address:

City, State, Zip:

Phone:

THE UNIVERSITY OF TEXAS AT AUSTIN
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LONGHORN AQUATICS

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO STAFF

This authorizes The University of Texas at Austin physicians, medical personnel and camp sponsors to release information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of _____(Participant) to camp staff. This information includes injuries or illnesses relevant to participation in the above named camp at The University of Texas at Austin.

The reason for this disclosure is to advise camp staff of the nature, diagnosis, prognosis or treatment concerning any medical condition and any injuries or illnesses Participant may have so that they make decisions regarding Participant's ability and suitability to participate in camp activities. I understand that the entities that receive the information are not health care providers or health plans covered by federal privacy regulations, and that the information described above may be redisclosed publicly and that the information will no longer be protected by those regulations.

I understand that The University of Texas at Austin will not receive compensation for its use/disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time by notifying in writing the Departments of Intercollegiate Athletics for Men and Women, but if I do, it will not have any effect on actions The University took in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Signature of Participant

Date

Signature of Parent/Legal Guardian
(If participant is under 18 years of age)

Date

Participant's Date of Birth: _____

For: LONGHORN AQUATICS

**THE UNIVERSITY OF TEXAS AT AUSTIN
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.
HIPAA PRIVACY RULES REQUIRE THAT WE FURNISH YOU WITH THIS NOTICE.**

I. Purpose: The University of Texas at Austin’s medical providers, professional staff, employees, and volunteers follow the privacy practices described in this Notice. Your medical information is maintained in records that will be handled in a confidential manner, as required by law. However, UT’s representatives must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, your medical information must be shared with others as necessary for treatment, payment, and health care operations.

II. What Are Treatment, Payment, and Health Care Operations? Treatment includes sharing information among health care providers involved in your care. For example, your treatment provider may share information about your condition with other treatment providers in clinic and hospital settings in order to make a diagnosis or to improve the quality of care, e.g., for review and training purposes. In addition, we also may use your medical information as required by your insurer to obtain payment for your treatment.

III. What Are Other Ways Your Medical Information May Be Used? Your medical information may be used, unless you ask for restrictions on a specific use of disclosure, for the following purposes:

- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
- To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.
- Worker’s Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
- Health oversight activities, e.g., audits, inspections, investigations, and licensure.
- Certain research projects.
- To prevent a serious threat to health or safety.
- Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; circumstances relating to reporting information about a crime).

- Disaster relief agency if injured in a disaster.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- As required by law.

IV. Your Authorization Is Required for Other Disclosures. Except as described above, we will not use or disclose your medical information unless you authorize us in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

V. You Have Rights Regarding Your Medical Information. You have the following rights regarding your medical information, provided that you make a written request to invoke the right.

Right to request restrictions. You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular treatment), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services.

Right to confidential communications. You may request communication in a certain way or at a certain location, but you must specify how or where you wish be contacted.

Right to inspect and request a copy. You have the right to inspect and request a copy of your medical information regarding decisions about your care. We charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; in that instance you may request review of the denial by another licensed health care professional chosen by UT's medical providers. UT will comply with the outcome of the review.

Right to request amendment. If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment, which requires certain specific information. UT's medical providers are not required to accept the amendment.

Right to accounting disclosures. You may request a list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment, payment, or operations in the past six (6) years, but not prior to April 14, 2003. After the first request, there will be a charge.

Right to a copy of this Notice. You may request a copy of this Notice at any time, even if you have been provided with an electronic copy.

VI. Requirements Regarding This Notice. The University of Texas at Austin's medical providers are required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. We may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future.

Each time you register for health care services on the University of Texas campus, you may receive a copy of the Notice in effect at the time.

VII. Complaints. If you believe your privacy rights have been violated, you may file a complaint with UT's Sports Medicine Division, with the University's Privacy Officer through the Office of Institutional Compliance, or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to these organizations.

Contact: Call the Office of Institutional Compliance at (512) 232-7055 if:

- You have a complaint.
- You have any questions about this Notice.

Call the Sports Medicine Division at (512) 471-4916/5513 if:

- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations.
- You wish to obtain forms to exercise your individual rights described in paragraph V.

THE UNIVERSITY OF TEXAS AT AUSTIN
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LONGHORN AQUATICS

**ACKNOWLEDGEMENT OF RECEIPT
OF THE “NOTICE OF PRIVACY PRACTICES”**

I _____ acknowledge that I have received
(print name)

a copy of the “**Notice of Privacy Practices**” of *The University of Texas at Austin* as required by HIPAA privacy rules.

Signature: _____

Participant’s DOB: _____ **For:** LONGHORN AQUATICS

The University of Texas at Austin
Longhorn Aquatics
BILLING POLICIES
Effective September 1, 2007.

1. The Longhorn Aquatics (TXLA) Diving and Swimming registration fee is \$50 yearly per family. Members who join between May 1st and July 31st will be charged a prorated registration fee of \$20. Members who join in August will not be charged a yearly fee. All families will pay the \$50 fee each September.
2. Training fees at sign up may be prorated to ½ month if the member joins after the 15th of the calendar month. If a member joins in the last five (5) days of a month and has paid a **full** registration fee and the first and second months' dues in advance, the new member may start those few days early and the training fees paid will be for two full months. Masters Yearly membership dues are **non refundable for any reason**.
3. Members are billed a month of training in advance. All account statements for each month will be mailed on or before the 10th of the previous month. Full payment of account balances is due on or before the 5th of the month for which the dues are payable. Members may elect to use our credit card payment option. Although you will receive a statement for your records, at the end of each month your credit card will be debited any amounts due.
4. There will be \$15.00 late fee charged for any payment received after the 5th of the month. If special consideration is needed, please contact the Business Office and your account will be reviewed.
5. One Month Only Policy: Guests wishing to participate for one month only or for a short duration will pay a prorated fee of \$20 for the TXLA Yearly Registration, plus the appropriate monthly training fee, plus any required NGB Fees. One month age group participants will not be held responsible for voucher fees. Temporary members will not be refunded for any fees for any reason. The Business Office must be notified on the length of stay up front.
6. Members with balances over 30 days old will not be eligible to enter meets until the account is brought current. Balances 60 days overdue will result in termination of membership privileges. **You must contact the Business Office immediately to avoid termination of your membership.**
7. If a member quits the program or is dropped from Longhorn Aquatics due to a delinquent account, overdue and current account balances are immediately due in full. The member will be allowed to rejoin the program only after the past due balance is cleared and a joining fee of \$20.00 is paid. Any exemption of the \$20 fee will be made on a case by case basis.
8. A delinquent account with a balance that is 60 days overdue will be reported to the credit bureau and forwarded to a collection agency for collection efforts. In addition to the delinquent balance owed to Longhorn Aquatics, the member will be responsible for the additional fees charged by the collection agency.
9. Each member will be charged a **full month's dues** for every month in which they compete or attend a training session. Training fees are not refundable for a partial month. Fees will not be prorated under any circumstance other than a **documented medical condition** that would prohibit physical participation. Team members who do not participate in a specific month of training risk losing their spot in their respective practice group. They will be assigned a practice group by the head coach when returning, based on space availability and ability to fulfill practice requirements.
10. A member who will be **out of town** for business/tri-athlete reasons should contact the Business Office 2 weeks before the scheduled leave to adjust their account. Age group members who will be out of practice for 30 consecutive calendar days or more must notify the Business Office 2 weeks before the start of leave to adjust their accounts. Accounts will not be adjusted retroactively regardless of reason. Make sure you receive confirmation from the Business Office in writing/email on your notification or you will be held to the fees.
11. **Any swimmer/diver wishing to drop out of the program must notify Longhorn Aquatics' Administrative Associate in writing or email by the 15th of the month in order to avoid being billed for the next month.** Verbal notice to a coach or anyone other than the Business Office that one plans to discontinue participating in Longhorn Aquatics is not proper notice. If a member is billed unnecessarily and cannot provide proof of termination date, the member will be responsible for all charges on the account(s).

THE UNIVERSITY OF TEXAS AT AUSTIN
LONGHORN AQUATICS

MASTERCARD AND VISA AUTHORIZATION FORM

Please complete the form below and return to the TSC front desk. You may also mail the form to:

University of Texas at Austin
Longhorn Aquatics
1 University Station, D4050
Austin, TX 78712-0364

Longhorn Aquatics Account Number: _____

Athlete(s) name(s): _____

Begin charging effective (date): _____

First Payment Only _____ Every month _____

I, _____, authorize Longhorn Aquatics to charge my MasterCard/Visa for my monthly balance due.

Credit Card (circle one) MasterCard Visa

Name (as it appears on card) _____

Account Number _____

Expiration Date _____

Zip Code _____

Signature _____

Contact phone number or email if there is a problem with card:
