

THE UNIVERSITY OF TEXAS AT AUSTIN
Departments of Intercollegiate Athletics for Men and Women
Division of Athletic Training/Sports Medicine
P.O. Box 7399 • Austin, Texas • 78713

UNIVERSITY SPONSORED SUMMER SPORTS CAMPS

M E M O R A N D U M

DATE: Summer 2009

TO: Prospective Campers

FROM: The Departments of Intercollegiate Athletics for Men and Women

RE: **REQUIRED MEDICAL FORMS - #01b**

The Departments of Intercollegiate Athletics for Men and Women wish to welcome you as a sports camp participant. Every camp carries with it some degree of risk to the participant because of the vigorous nature of the activities. The UT Sports Medicine Staff in cooperation with the University Health Services and a network of consulting physicians and certified athletic trainers provides specialized services, care, and supervision to safeguard your health and well being.

To facilitate this care, we are requesting that you complete a number of health status and medical release forms. Campers will not be permitted to participate in any activities until all forms are completed and are on file with the camp supervisors. The following forms are attached for your review and completion:



#02b - EXPRESS ASSUMPTION OF RISK



#04b - RELEASE AND INDEMNIFICATION AGREEMENT




**#06b - PERTINENT MEDICAL INSURANCE INFORMATION PRE-
ACTIVITY CLEARANCE PHYSICAL EXAMINATION:
PHYSICIAN AUTHORIZATION**

All campers are required to have written physician clearance proclaiming them fit for camp participation. The physical examination must have been completed within the last 12 months. If your physician has documented the health information on another form, a copy of this form will suffice.

 **#03b – “NOTICE OF PRIVACY PRACTICES” AND THE ACKNOWLEDGEMENT OF THE RECEIPT OF THE PRIVACY NOTICE**

If you are ever sick or injured during camp, your health care will be coordinated by UT’s medical providers. In order to provide appropriate care, UT’s professional staff, employees, and volunteers must use and disclose your medical information to the extent necessary for treatment, payment, and health care operations. Sharing of this information requires compliance with privacy practices required by the law. These privacy practices dictate how your medical information may be used and disclosed, and how you can get access to this information. We are required to provide you with our “Notice of Privacy Practices” and to secure your signature acknowledging receipt of the privacy notice.

 **#07b – ACKNOWLEDGEMENT OF RECEIPT OF THE “NOTICE OF PRIVACY PRACTICES”**

 **#08b - AUTHORIZATION: RELEASE OF YOUR MEDICAL INFORMATION**

Your personally identifiable health information will not be disclosed unless you sign the appropriate authorization form included in this packet. It is important to understand that our staff will respect the privacy of your health information, release only the minimum necessary to protect your health and safety, and take appropriate measures to ensure the confidentiality of medical information.

Return the completed booklet of forms, dated and signed where appropriate to:

**Longhorns Tennis Camp – Pre Registration Info.
P.O. Box 7399
The University of Texas, Austin
Austin, Texas 78713**

by the following date:

Summer Adult Camp: June 16