TEXAS INTERSCHOLASTIC SWIMMING
COACHES ASSOCIATION
WATER POLO CHAMPIONSHIPS

WELCOME: Longhorn Aquatics is proud to host the 48th Annual Texas Interscholastic High School Water Polo State Championship.

FACILITY: The Lee & Joe Jamail Texas Swim Center features 2, 25 yard courses for tournament competition. Both pool settings will feature scoreboards with Daktronics Scoring.

LOCATION: The Lee & Joe Jamail Texas Swimming Center is located at 1900 Red River Street on the campus of The University of Texas at Austin.

TSC RULES: As guests of The University of Texas, all must adhere to the Texas Swim Center (TSC) rules. Coaches must supervise their players. Glass containers are not permitted in the building. Deck changing is prohibited.

DATE: Friday & Saturday, May 3-4, 2019

CHAMPIONSHIP TOURNAMENT DIRECTORS: Tom Andrew (210-394-2613) & Allie Hill (281-851-8784).

CREDENTIALS/DECK ACCESS: All coaches, officials and participating athletes will be issued credentials. Credentials must be shown to the front desk staff to gain deck access. Only people with credentials will be allowed access to the deck.

REGISTRATION/PACKET PICK UP: Team registration will be available at the athlete entrance on the first level of the swim center near the front desk area. Registration will be open from 7:00-8:00 pm Thursday evening.

FORMAT: 16 Team Championship Format for each gender (32 team’s total). All teams will receive at least two games.

RULES: 2018-19 National Federation of High School Sports Rules for all competitions. Team on top of bracket wears dark caps. All tournament games are 6 minute quarters with 2 minutes between quarters and a 5 minute half time. Teams will have 3 timeouts per game.

QUALIFIERS: Top Four teams for each gender qualify from the four regions in Texas
- Region #1) North-Dallas
- Region #2) East-Houston
- Region #3) South-Houston
- Region #4) West-San Antonio

All qualifying teams need to submit a complete team roster (14 players per team) with roster verification signed by their coach. Roster template is below. All athletes will also have to submit a State Participant Waiver- also below.

IMPORTANT: E-mail rosters/team photograph AND athlete waivers to: txstatepolo19@gmail.com
Deadline is Monday, April 29th by 5pm.
Please state in subject line: STATE ROSTER AND WAVIERS

“Welcome to State!”
ENTRY FEE: $250.00 per team per gender. Entry fees must be accounted for before a team can play in the tournament. Make checks payable to: The University of Texas
Mail to: Longhorn Aquatics
Attn: State Water Polo Tournament
1900 Red River St., D4050
Austin, TX 78712

ENTRIES/ROSTERS: Roster information must be e-mailed to txstatepolo19@gmail.com no later than Monday, April 29th by 5pm. The following roster information is required: name, cap number and grade for each athlete; captain designation, mascot, school colors, current record, team photograph and coaches’ names. Use the template below.

ENTRANCE: Spectators will enter through the 3rd level ticket entrance doors. Meet referees, coaches and athletes may enter through the 1st level entrance. Athletes, coaches, and officials must have credentials to enter.

ADMISSION:
- Friday ALL DAY Pass: $20
- Saturday ALL DAY Pass: $20
- TWO DAY- ALL SESSION Pass: $30
- Spectators 17 & under are free

COACHES MEETING: A coaches meeting will be held on Thursday, May 2nd at 8:00 pm. The meeting will be in the hospitality room, on the deck level, of the swim center.

REFEREE MEETING: A referee meeting will be held immediately following the coaches meeting in the hospitality room on Thursday night.

AWARDS:
- 1st – 3rd place banners.
- MVP trophies.
- All State recognitions for both girls and boys.
- All State Team selections will be mailed a certificate.

PARKING: The University of Texas requires a UT permit for parking along Trinity and San Jacinto. A bus parking permit request form is attached below for teams traveling with a bus. Parking information will be updated on the Longhorn Aquatics website. Detailed parking information will also be emailed out to coaches at a later date.
TEXAS INTERSCHOLASTIC SWIMMING COACHES ASSOCIATION
WATER POLO CHAMPIONSHIPS

PROGRAMS: Programs will be available for $20.

PROGRAM ADVERTISEMENTS: See Program Advertisement form below for detailed instructions and payment information. If you wish to place an ad for the program, the form must be sent to txstatepolo19@gmail.com by Monday, April 22nd by 5pm.

Make checks payable to: The University of Texas  
Mail to: Longhorn Aquatics  
Attn: State Water Polo Tournament  
1900 Red River St., D4050  
Austin, TX 78712

PHOTOGRAPHERS: Teams are limited to 1 team photographer. All deck photographers must be pre-approved by Organizing Committee. Photographers do not have access to hospitality. Submit request by Monday, April 29th by 5pm. Request form can be found below.

CONCESSIONS: O's Café, located on the 2nd floor of the swim center, will be open during the tournament.

HOSPITALITY: Hospitality can be found in the classroom on the deck level for Coaches and designated volunteers. A separate hospitality area will be offered for Referee's. Athletes, photographers & spectators are not permitted in either area.

EVENT APPAREL: T-Shirts will be for sale at the Longhorn Aquatics Store located on the 2nd level of the swim center. Event t-shirts will be $20.

NOISE MAKERS: According to UIL rules, noise makers are NOT allowed on deck or in the bleachers. This includes horns and musical instruments. If used, you will be escorted from the building with NO refund.

TAUNTING/UNSPORTSMANLIKE CONDUCT WILL NOT BE TOLLERATED BY FANS. YOU WILL BE ESCORTED FROM THE BUILDING WITH NO REFUND.

QUESTIONS: Please send all questions to txstatepolo19@gmail.com
Hotel Room Blocks

Crowne Plaza Hotel-Austin Central: 6121 IH 35, Austin, TX 78752 (3.4 miles from campus)

To book: Book online here and enter code IL7KP under CORP ID once you pick a date to check in for the stay.

May Room Rate: $120.00/night plus tax

Hotel Contact: Meshele Jackson, mjackson@cphaustin.com

Holiday Inn-Midtown: 6000 Middle Fiskville Road Austin, TX 78752 (4.0 miles from campus)

To book: Book online click here State Water Polo Championships and enter code SWP.

May Room Rate: $119.00/night plus tax

Hotel Contact: Theresa Campos, tcampos@hiausmid.com

DoubleTree by Hilton Hotel Austin - University Area: 1617 North Interstate 35, Austin, TX 78702 (<1.0 miles from campus)


May Room Rate: $219.00/night plus tax

Hotel Contact: Nina Vo, nina.vo@hilton.com
Roster information must be e-mailed to txstatepolo19@gmail.com no later than Monday, April 29th by 5pm.

The following roster information is required: name, cap number and grade for each athlete; captain designation, mascot, school colors, current record, team photograph and coaches’ names.

School/Team Name: ____________________________________________________________

School/Team Colors: __________________________________________________________

School/Team Mascot: __________________________________________________________

Current Record: ______________________________________________________________

Athlete/Roster Information:

<table>
<thead>
<tr>
<th>CAP #</th>
<th>Name (First Name, Last Name)</th>
<th>Grade (9, 10, 11 or 12)</th>
<th>Captain?</th>
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Head Coach: ________________________  Assistant Coach: ________________________  Assistant Coach: ________________________

Team Photograph: Please attach a team photograph to the email when submitting your roster.

Head Coach Signature: ________________________
ATHLETE WAIVER (Required turn in for EACH Athlete)

PARTICIPANT: (Name and Address)
___________________________________
___________________________________
___________________________________

INSTITUTION: The University of Texas at Austin
LOCATION: Lee and Joe Jamail Texas Swimming Center
ACTIVITY: TISCA State Water Polo Tournament
DATE: May 3-4, 2019

I, the above named Participant, have volunteered to participate in the above-referenced Activity. I acknowledge that the nature of the Activity may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate that nature of such hazards and risks.

Release and Indemnification: In consideration of my participation in the Activity, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my 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 my 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 MY INJURY OR DEATH OR DAMAGE TO MY 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 MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Consent for Treatment: I, the undersigned, as Participant in the activity, hereby authorize such diagnostic, medical and/or surgical treatment of myself as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury. The attending physician, appropriate staff, and The University of Texas at Austin and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Authorization for Release of Medical Information to Staff: This authorizes The University of Texas at Austin physicians and medical personnel to release relevant information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of ________________________________________________________________ (Participant) to Texas Swimming Center staff. This information includes injuries or illnesses relative to participation in the above named activity at The University of Texas at Austin.

The reason for this disclosure is to advise the Texas Swimming Center staff of the nature, diagnosis, prognosis or treatment concerning any medical condition, injuries or illnesses Participant may have so that they may make decisions regarding Participant’s ability and suitability to participate in Texas Swimming Center 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 this authorization and that my refusal will not affect my ability to obtain medical 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 Business Office of the Texas Swimming Center, 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.

Participant has reviewed and agrees to abide by the Lee and Joe Jamail Texas Swimming Center Rules and Regulations, as well as any requests of UT staff members. Participants must have a valid National Governing Body (NGB) registration card in order to participate.

Signature of Parent/Guardian (must be 18 years of age or older) ________________________________ Date ______________

Signature of Participant ____________________________________________ Date ______________

USA Water Polo ID # ________________________________
Bus Permit Request Form (Required turn in)

Bus Parking Permits will be available for purchase. Coaches must bring a separate check for $50 to team registration to purchase a bus parking permit. The Bus Parking Permit will allow your team's bus to be legally parked in a designated UT parking area.

School Name: ________________________________________________________________

Bus Permit (Please circle): YES NO

Person Submitting Request: ______________________________________________________

Submit completed request to txstatepolo19@gmail.com by Monday, April 29th by 5:00pm.

Email subject line: BUS PARKING PERMIT
Program Advertisement

The 2018-2019 Texas State High School Water Polo Championship Tournament is May 3-4th, 2019 in Austin, Texas. Please support your team and/or player by placing an ad in the state program. This can be a personal greeting, photo or a combination and/or business advertisement.

Name:  

Phone:  

E-mail:  

Cost & Sizes of Ads:

<table>
<thead>
<tr>
<th>Type of Ad</th>
<th>Size</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inside/Back Cover</td>
<td>8.5” x 11”</td>
<td>$ 250.00</td>
</tr>
<tr>
<td>Whole Page</td>
<td>8.5” x 11”</td>
<td>$ 140.00</td>
</tr>
<tr>
<td>Half Page</td>
<td>8.5” x 5.5”</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>Quarter Page</td>
<td>4.25” x 5.5”</td>
<td>$ 45.00</td>
</tr>
</tbody>
</table>

Type & Size of Ad:  

Total Payment:  

Payment will be submitted through the Longhorn Aquatics Online Store. An email will be sent with a link when your ad request is received.

- All ads will be printed in color.
- Covers are selected by the tournament host.
- Electronic files are the ONLY method of delivery.
- Please email your photos in jpeg format.
- Full page ads may also be accepted as pdf files.
- Questions: e-mail txstatepolo19@gmail.com

Submit completed request to txstatepolo19@gmail.com by Monday, April 29th by 5:00pm.
Email subject line: STATE PROGRAM AD
State Tournament Photographer
Pool Deck Pass Request Form

There is a 1 photographer per team limit. To request photographer pool deck access please complete the following:

Photographer Name: ____________________________________________

Current Insurance Provider: _______________________________________

School/Team Name: _____________________________________________

Phone: _________________________________________________________

Email: __________________________________________________________

A copy of your current medical health insurance card is required to be on-deck. Please submit a photo copy with this request form.

Teams are limited to 1 photographer. Photographers do not have access to hospitality.

Photos taken will not be offered for sale by photographers without expressed approval of the organizing committee.

Submit completed request to txstatepolo19@gmail.com by Monday, April 29th by 5pm.

Email subject line: PHOTOGRAPHER DECK PASS