Camden County College

ATHLETICS

Student-Athlete Packet
If you plan on participating on an intercollegiate athletic team at Camden County College, here are some of the items you will need in order to try-out and prior to practicing with your respective team:

1. Contact the Head Coach of your respective sport to be sure that he/she knows you plan on trying out.
2. You must be enrolled in at least 12 credits (full-time), and remain enrolled in 12 credits during each semester (* other eligibility rules apply – please see the Athletic Director).
3. Official High School Transcript
4. Official Transcripts from other colleges you have attended (if applicable)
5. An athletic physical approved by your family physician with stamp.
6. Ability to fill in all gaps between your high school graduation date and the current semester (if applicable)
7. Copy of your course schedule and business office tuition bill
8. NJCAA Eligibility Affidavit (see pg. 5)
9. International Students must meet with Athletic Director and have High School Transcript in English, Passport, Visa

For more information, please contact the Athletic Office at 856-227-7200 x4287

All student-athletes must read the Athletic Packet distributed by the Department of Athletics in Papiano Gymnasium and complete the following forms prior to practicing with their respective teams:

1. NJCAA Eligibility Affidavit
2. Student-Athlete Statement
3. Eligibility Statement
4. NJCAA Amateurism Questionnaire
5. Buckley Amendment Consent
6. Athletic Medical History & Physical Exam Record
7. Acknowledgement of Insurance Requirements
8. Medical Insurance Authorization
9. Tetanus Vaccine Immunization
10. Photography Release
11. Sports Information Questionnaire
12. Code of Conduct
NJCAA Eligibility Affidavit

Information on this form will be used to determine eligibility for participation on a NJCAA Athletic Team.

Today’s date_________________ Sport:____________________________________ CCC ID #__________________________
Name:____________________________________ Cell Phone________________________
Home address:____________________________________ email address_________________________________
Date of Birth:_____________________City____________________State________Country_________________

High School Education
Did you attend more than one High School?  YES NO
Name of High School(s) you have attended.  Include City, State and Country
9th _____________________________________________________________________________________________
10th _____________________________________________________________________________________________
11th _____________________________________________________________________________________________
12th _____________________________________________________________________________________________
• What High School did you graduate from__________________________________________________________
  o (enclose a copy of diploma and transcript) Graduation Date______/______/_______
• Did you earn a GED?  Yes___No___ GED date earned ____/____/____
  o (enclose a GED certificate with test scores)
• Were you home schooled? Yes___No___ Did you graduate? Yes ___No___
  o (enclose a copy of diploma and all other pertinent information)

***** If you have not attended a US High School for your last 3 years, please submit a High School diploma and proof of age. (birth certificate, passport or driver’s license.)

Additional Education while in High School
Did you take any college credit classes while in High School?  Yes* _____ No____
* If yes, please list college(s)________________________________________________________
(You MUST provide a transcript(s) from each college to the Athletic Director at Camden County College)

Athletic Participation While in High School
Freshman, Junior Varsity, Varsity

<table>
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<tr>
<th>Year(s)</th>
<th>Name of School</th>
<th>Level of Play</th>
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</table>

I understand that falsified or omitted information can make me ineligible for ALL future College competition in compliance with National Junior College Athletic Association Eligibility Rules

Student/Athlete Signature___________________________________________ Date__________________________
College Education & Athletic Participation

College/University Education  All full-time and part-time enrollment must be listed (You MUST provide a transcript(s) from each college to the Athletic Director at Camden County College)

- College:________________________________ Dates:______________________ F/T or P/T
- College:________________________________ Dates:______________________ F/T or P/T
- College:________________________________ Dates:______________________ F/T or P/T

1. Have you ever signed a Letter of Intent Form with any college/university? Yes____ No____
   If yes, specify the college/university________________________________________Date ____/____/____

2. Have you ever participated in practices, scrimmages, and or games for college/university team other than this College? Yes____ No____
   If Yes, School__________________________________________Sport_______________Date____/____/____
   describe the situation_______________________________________________________________________

3. Have you ever been red-shirted for a season? Yes____ No____
   If yes, list dates of that season, name of college/university and describe the situation.
   _______________________________________________________________________________________
   _______________________________________________________________________________________

4. Have you ever played on a club team at a college or university? NO____ Yes____ name the school,________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

Recruiting Information

5. How did you learn about this institution? ______________________________________________________

6. Who contacted you (e.g., by email, letters, telephone calls, in-person visits, etc.) and encouraged you to attend this institution?________________________________________________________

7. Please list all official visits taken.

   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

8. Did you or someone on your behalf ever utilize a recruiting service or another individual to assist you in finding this institution or assist you in obtaining an athletic scholarship? Yes____ No____ I do not know____
   If yes, who assisted you and explain______________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

Additional Clarifications: If you were not attending college full time following HS graduation, itemize this period of time from your graduation to the present time. This should include employment, military history and other activities. This is a requirement of the NJCAA. Please include months and years when referring to dates.

   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

I understand that falsified or omitted information can make me ineligible for ALL future college competition in compliance with the National Junior College Athletic Association Eligibility Rules

Student/athlete signature __________________________ date:____________________
Coach Signature __________________________ date:____________________
**NJCAA RECRUITING AND AMATEURISM QUESTIONNAIRE**

Please be advised that this is a questionnaire used in the recruiting process in order to help the institution determine your eligibility under NJCAA eligibility rules. Please be honest with your answers.

**All Athletics Participation:** (Excluding High School Participation)

1. **Do you or did you** play on any other sports team (USAV, city recreational leagues, AAU, Soccer leagues, etc.,?  
   **Yes____ No____**

   Please provide the name of the team, location and dates of participation

<table>
<thead>
<tr>
<th>Team Name</th>
<th>Team Contact Information</th>
<th>League Affiliation</th>
<th>Participation Dates</th>
<th># of contests played</th>
<th>Expenses Received</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

2. Did you sign any type of agreement to participate on any of the teams you mentioned above?  
   **Yes____ No____**

   If you answer yes, please indicate for which team and please provide a copy of the agreement.

3. Have you ever participated on a sports team in a country other than the United States?  
   **Yes____ No____**

   Sport(s)____________________________ Country___________________________ Dates____/____/____

   Explain the circumstances__________________________________________________________________________________________

4. Have you ever received money beyond expenses for participating in any athletic event? (Example, a salary, bonus, spending money)  
   **Yes____ (describe the situation) _________________________________ No____**

5. Have you ever received directly or indirectly a salary, reimbursement of expenses, or any other form of financial assistance from a professional sports organization based on your athletic skills or participation?  
   **Yes____ No____**

5a. Have you ever accepted any benefits not listed on this form from anyone other than your parents?  
   **Yes____ No____**

6. Have you, your parents or guardians ever accepted any benefits from an agent or anyone associated with an agent?  
   **Yes____ No____**

7. Did you accept a promise of pay to play even if this payment was to be received following completion of intercollegiate athletic participation?  
   **Yes____ No____**

8. Did any member of your team receive money beyond expenses for their participation on any of the teams on which you participated?  
   **Yes____ No____ I don't know____**

   if yes please indicate what was received and which team(s) provided the payment to your teammate.

9. Did any of the teams you participated on call themselves professional?  
   **Yes____ If yes, which team(s)___________________________ No____ I don't know____**

10. Have you ever competed on a professional athletic team, or on a team where any member of the team was considered professional, even if no payment or other compensation for expenses was received?  
    **Yes____ No____**

11. Have you ever entered a professional draft?  
    **Yes____ No____**

12. Have you ever participated in a professional tryout?  
    **Yes____ No____**

13. Have you ever been involved in an advertisement or promotion?  
    **Yes____ No____**
14. Did you have a written or verbal agreement with an agent/agency to represent you while you were participating in Athletics?  Yes____ No____

15. Did you ever sign a contract or commitment of any kind to play professional athletics regardless of its legal enforceability or any compensation received?  Yes____ (provide a copy of document) No____

16. Have you ever accepted any prize money based on your place finish for your participation in athletics? Yes____ No____

If yes, please complete the information below.

<table>
<thead>
<tr>
<th>Team Name</th>
<th>Team Contact Information</th>
<th>League Affiliation</th>
<th>Participation Dates</th>
<th># of contests played</th>
<th>Expenses Received</th>
</tr>
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</tbody>
</table>

I understand that information falsified or omitted can make me ineligible for ALL future college competition in compliance with the National Junior College Athletic Association Eligibility Rules.

Student-Athlete Signature: ________________________________ Date: ____________________

2/22/17
Student-Athlete Statement

For:             Camden County College Student-Athletes
Action:         Sign and return to your Director of Athletics
Due Date:       Before you compete each academic year
Purpose:        To assist in certifying eligibility
Effective Date: This NJCAA statement/consent form shall be in effect from the date this document is signed and shall remain in effect through August 31st of the following year or until a subsequent NJCAA student-athlete statement form is executed, whichever occurs earlier.

Student-Athlete: ___________________________ (Please Print Name)       ________________________ (CCC Student ID Number)

Name of your institution: ____________________________ Camden County College

This form has eight parts: a statement concerning eligibility, a Buckley Amendment consent, sports medicine, physicals, health insurance requirements, a photography release, a sports information questionnaire and a student-athlete code of conduct. You must complete all sections to participate in intercollegiate athletics.

Before you sign this form, you should read and understand the summary of NJCAA regulations provided by your Director of Athletics or read the bylaws of the NJCAA manual that deal with your eligibility. If you have any questions, you should discuss them with your Director of Athletics.

The conditions that you must meet to be eligible to participate at the NJCAA level are indicated in Article V of the NJCAA manual.
Part I – Statement Concerning Eligibility

By signing this part of the form, you affirm that, to the best of your knowledge, you are eligible to compete in NJCAA competition.

You affirm that you have read, or been informed of, the NJCAA regulations or relevant sections of the NJCAA manual and that your Director of Athletics (or his or her designee) gave you the opportunity to ask questions about the regulations.

You affirm that participation in athletics at Camden County College requires compliance with all academic eligibility standards in accordance with the national guidelines defined by the NJCAA.

You affirm that you meet the NJCAA regulations for student-athletes regarding eligibility, recruitment, financial aid, amateur status and involvement in organized gambling.

You affirm that you have reported to the Director of Athletics of your institution any violations of NJCAA regulations involving you and your institution.

You affirm that you understand that if you sign this statement falsely or erroneously, you violate NJCAA legislation regarding ethical conduct, and you will further jeopardize your eligibility.

______________________________   ______________  ______
Name (Please Print)      Date of Birth   Age

______________________________   ______________________________
Signature of Student-Athlete     Home Address (Street or PO Box)

______________________________
Today’s Date       Home City, State, Zip Code

Sport(s):________________________________________________________
Part II: Buckley Amendment Consent

By signing this form, you certify that you agree to disclose your educational records. These records are protected by the Family Educational Rights and Privacy Act of 1974 and may not be disclosed without your consent.

You give your consent to disclose only to authorized representatives of this institution, its athletic conference and the NJCAA, the following documents:

○ This form
○ Any transcript from your high school, this institution, or any other college or educational institution you have attended
○ Pre-college test scores
○ Paperwork and/or documentation pertaining to learning disabilities
○ Graduation status
○ Your social security number
○ Records concerning your financial aid
○ Any other papers or information pertaining to your NJCAA eligibility

You agree to disclose these records only to determine your eligibility for intercollegiate athletic competition.

_________________________________________
Name (Please Print)

_________________________________________
Signature of Student-Athlete

_________________________________________
Date
Part III: Sports Medicine

Athletic Insurance

It is highly recommended that all student-athletes have health insurance.

Athletic Physicals

All Camden County College student-athletes must have an athletic physical each year. All student-athletes are required to have a physical before reporting for the first day of practice and tryouts. The physical form must be submitted to the Department of Athletics for final clearance at least one day before reporting for the first day of practice. Student-athletes are not allowed to practice or compete until a final clearance has been determined by the Athletic Department.
Part IV: Acknowledgement of Insurance Requirements
This form must be filled out by the policy holder.

- If the policy holder is the student, please complete A.
- If the policy holder is a parent, please complete B.

A – Student has own policy

I, ________________________________, attest that I have insurance coverage under a current, valid, insurance policy for injuries that occur while I am participating in intercollegiate athletics.

If there is a material change in coverage or expiration of coverage, I agree to notify Camden County College of this development and update the insurance information on file. I will assume responsibility for all medical bills should the insurance lapse or be terminated.

I understand and agree that Camden County College will act as a secondary insurance carrier as a result of injuries that occur while participating in intercollegiate athletics at CCC.

___________________________________________ _______________________
Signature of student-athlete     Date

B- Student-athlete is covered under parent’s insurance

I, ________________________________, as parent/guardian or legal representative, attest that ________________________________
(Student-athlete’s name – please print)
has insurance coverage under a current, valid, insurance policy for injuries that occur while he/she is participating in intercollegiate athletics.

If there is a material change in coverage or expiration of coverage, I agree to notify Camden County College of this development and update the insurance information on file. I will assume responsibility for all medical bills should the insurance lapse or be terminated.

I understand and agree that Camden County College will act as a secondary insurance carrier as a result of injuries that occur while participating in intercollegiate athletics at CCC.

___________________________________________ _______________________
Signature of policy holder     Date
Part V: Medical Insurance Authorization

TO: Parent(s)/Guardian(s)

Please complete in detail and return to: CAMDEN COUNTY COLLEGE
Office of Athletics
PO Box 200 College Drive
Blackwood, NJ 08012

Note: Failure to complete all blanks will result in claim processing delays. If any item of requested information is not applicable, please indicate the reason it is not; for example, “deceased”, “divorced”, “unknown”, etc.

I. Name of Athlete: ___________________ Sport: ________________

   CCC Student ID No: ___________________

   Home Address: _______________________

   City: ________________________________ Phone: (____)__________

II. Father/Guardian: ___________________ Mother/Guardian: ___________________

   Address: ____________________________ Address: _________________________

   ____________________

III. Employer: _________________________ Employer: _________________________

   Address: ____________________________ Address: _________________________

   ____________________

Medical Insurance Company or Plan:____________________ Medical Insurance

Company or Plan: __________________________

Address: ________________________________ Address: _________________________

Address: ________________________________

Policy Number: __________________________ Policy Number: _____________________

Phone: (____)______________________ Phone: (____)______________________

Is the company or plan listed above considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)?

YES: ______  NO: ______

Does your insurance or plan require a second opinion before surgery?  YES: ____  NO: ______

Please also complete the “AUTHORIZATION” on the next page.
I / We hereby authorize Camden County college and their contracted insurance provider to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and or previous confinements and or disabilities. A Photostat copy of this authorization shall be deemed as effective and valid as the original.

I/ We authorize Camden County College or its insurance agent to pay the medical vendors directly for any bills incurred from accidents that are covered under coverage purchased by Camden County College.

Parent(s)/ Guardian(s) Signature(s):

_____________________________  Date:  ________________________

_____________________________  Date:  ________________________

Student/ Athlete’s Signature:

_____________________________  Date:  ________________________

I understand that I am required to maintain primary coverage for the duration of the sports season, as well as coverage after the season for any unresolved intercollegiate athletic injuries sustained while as a student-athlete at Camden County College. I further agree that I must contact CCC immediately if there are any changes to the plan listed above.

In addition, I understand that any injuries sustained while participating in athletics at CCC must be reported to the athletics coordinator within 24 hours of the injury. If I sustain an injury, and need medical assistance, other than the coordinator, I am required to provide copies of all bills received to the athletic coordinator.

_____________________________                      _____________________

Signature of Student-Athlete                      Date

_____ Insurance Card Received (office use only)
Tetanus Vaccine Immunization Form

SPORT___________________________________________ SEASON _______________________

NAME_____________________________________________________________________________________

__________________________ Last                                            First    Middle Initial

PHONE________________________________________________

ADDRESS________________________________CITY______________STATE___________ZIP________

SEX_____________ AGE_________________ DATE OF BIRTH_______________________

To participate in Intercollegiate athletics, it is recommended that you have a Tetanus Immunization within the past 10 years.

Complete one of the sections below:

a) PHYSICIAN CERTIFICATION OF TETANUS IMMUNIZATION

I CERTIFY THAT the above-named individual received the Tetanus vaccine on ____/____/____.

☐ Td   ☐ TDaP

Signed ___________________________________________________ License #________________

Printed Name_______________________________Tel#_____________________Date__________

Address ____________________________________________________________________________

b) STUDENT CERTIFICATION OF TETANUS IMMUNIZATION

I am attaching a copy of my immunization record, showing that I received a Tetanus vaccination.

Signed ____________________________________________________ Date _________________

Printed Name _________________________________________________________________________

Department of Athletics
Phone: 856-227-7200 x4287 Fax: 856-374-4890
P.O. Box 200 College Drive, Blackwood, NJ 08056
www.camdencc.edu
PART VI: Photography Release

I hereby give Camden County College and its legal representatives the right and permission to copyright and/or use, reuse and/or publish photographs and/or video of me.

I hereby release, discharge and agree to save harmless CCC, its representatives, assigns, employees or any person or persons, corporation or corporations, acting under its permission or authority, from and against any liability as a result of agreed use of my image.

I hereby warrant that I am 18 years of age or older, and competent to Contract in my own name insofar as the above is concerned.

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

Date:______________________________

Print Name:______________________________

Signature:______________________________
PART VII: Sports Information Questionnaire

Name:_________________________________________________

Sport:_____________________________________________ Uniform #:____

Year: Freshman or Sophomore (circle one)

High School:______________________________________________

Previous College (if applicable):_______________________________

Hometown (City, State, County):_______________________________

Major:___________________________________________________

Height / Weight: ___________ / _____________

Baseball / Softball Only –
Throw – Right or Left (circle one)
Bat - Right or Left or Switch (circle one)

Athletic Honors / Awards:____________________________________

___________________________________________________________

Primary Contact Information:

Name: ____________________________________Relationship: __________

Phone:______________________________________________

Email:______________________________________________
PART VIII: Code of Conduct

A student-athlete at Camden County College represents the college, the coach, the team, the athletic department, and himself/herself. As a student-athlete of this institution your actions resonate sportsmanship, pride, class, and discipline. Unsportsmanlike conduct will not be tolerated while playing intercollegiate athletics at this college.

All men and women competing in the CCC Department of Athletics are student-athletes. Learning in both the classroom and intercollegiate programs is necessary if emotional, social, intellectual and athletic growth is to occur. Each student's college experience ought to culminate in a degree in his or her chosen field of study. The Department of Athletics at CCC has as its goal the graduation of all of our student-athletes as well as pursuing excellence in each sport. Participation in intercollegiate athletics at CCC is a privilege. Consequently, each student-athlete is expected to comply with all the guidelines and policies of CCC, the Region XIX, and the NJCAA. In addition, the following standards must be observed:

1. Student-athletes shall perform to the best of their abilities both academically and athletically.
2. Student-athletes shall contribute their best effort to the success of the team.
3. Student-athletes shall conduct themselves, both on and off the field, in a way which brings credit to the team, the athletic program, and the College.
4. Student-athletes shall abide by the letter as well as the spirit of College rules and regulations as noted in the Student Handbook.
5. Student-athletes shall, at all times, respect and be courteous to all members of the College community and to visitors to the campus.
6. Student-athletes shall exhibit dignity in manner and dress when representing the College.
7. Student-athletes shall neither physically abuse, nor threaten another person, nor abuse any College owned or controlled property, or property associated with any College sponsored organizations or functions.
8. Hazing of any kind is not allowed. Any questions about the definition of hazing should be put to the Athletic Director.
9. Student-athletes shall not use, possess, nor distribute any steroids, narcotics, illicit or dangerous drugs as designated by the NJCAA (with exception of the use of drugs prescribed by a licensed physician).
10. Students-athletes shall not use alcohol, drugs (intent or in-possession) or tobacco at any time during their team's competitive season or during an official team function. For purposes of this policy, an official team function is defined as any activity that is held at the direction of, or under the supervision of, the team's coaching staff.

Violations of these rules or other College rules governing student behavior will be handled by possibly removing the student-athlete from the team. The Dean’s office will be notified in accordance with College rules. Behavior, which is not in accordance with such rules, may result in suspension, or expulsion from intercollegiate athletic competition.

I understand that I am responsible for reviewing the Misconduct policy located in the Student Handbook, found on the College’s website at www.camdencc.edu, under Student Services, and that I will be held accountable to all policies, rules and guidelines within.

By signing this form I acknowledge that I will be held to the standards listed above.

Printed Name of Student-Athlete

Signature of Student-Athlete

Sport

Date
Camden County College Athletics Fundraising

Please be aware that if you take part in any Fundraising activities with Camden County College Athletic Sports Programs and are cut or removed from the program for any reason the money will be non-refundable. By signing this page you have read the above statement and agree to these terms.

NAME: ____________________________________________________________

SIGNATURE: _______________________________________________________

DATE: ___________________________
Conduct Code When Traveling

Please read, and understand that you are required to adhere to the following items regarding travel as a student athlete of Camden County College:

1. Camden County College student athletes must be aware that they are representing the school and community at all times, whether on the field or in the community.
2. Any hotel/restaurant items are to remain in that establishment. This includes items such as towels, blankets, pillows, silverware, glasses, and all other items belonging to the hotel/restaurant.
3. Athletes are to be respectful to fellow hotel guests and restaurant patrons in regards to noise level and appropriate mature behavior.
4. The College will not pay for outside phone calls from hotel rooms. Students must make their own arrangements such as calling cards or cell phones.
5. Meal money should only be used for food and nutritional purposes. Athletes should be providing their bodies with proper nourishment to maximize performance during competition.
6. All alcohol, tobacco, and illegal drugs are strictly forbidden while traveling and lodging with team.
7. There shall be absolutely no outside visitors in any designated athletes’ room without the knowledge and permission of the coaching staff.
8. After room checks, all athletes must remain in their room. A set curfew will be mandated by Coach/Staff member.
9. Student Athletes cannot return early or leave the team travel party prior to the conclusion of the event schedule without DIRECT permission from the Director of Athletics.
10. As a Student Athlete, I acknowledge by my signature below that I have been required and in fact have reviewed the Student Handbook and its Code of Conduct and understand the policies recited in the Handbook apply to me even when I am away from the College.
11. All student athletes will be monitored on the aforementioned regulations. Failure to comply, or any related violation could possibly result in:

- Dismissal From The Team
- Institutional Discipline
- Municipal Discipline
- Civil Action

Athlete Signature: __________________________________________  Date:___________
INTERNATIONAL STUDENT-ATHLETE QUESTIONNAIRE

1. What year did you graduate High School? __________________________
2. Did you attend a Foreign University or College? YES or NO. If so where? ____________________________________________
3. Did you obtain an Extended Diploma? YES or NO
4. Did you ever play on a Club Team? YES or No. If yes what Team and Level? ________________________________
5. Have you ever entered a Professional Draft? YES or NO
6. Have you ever signed a Professional Contract? YES or NO
7. Have you ever signed with a Sports Agent? YES or NO
8. Have you ever been paid to play on a Sports Team or received Prize Money? YES or NO

BREAK OF ENROLLMENT: High School Graduation to enrollment at Camden County College

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

NAME (Print): ____________________________________________________________
Signature: __________________________________________________________________
Date: __________________________
Intercollegiate Sport: ______________________ Date ______________________

PART A: IDENTIFICATION DATA

Name: ________________________________________________________________ College ID# ______________________

Last                               First                                       Middle

Sex:    M__________F__________           Date of Birth: _____________________      Age:_____________________

Home Address:  _______________________________________________ Phone:(              )________________________

PART B: EMERGENCY INFORMATION

Parent/Guardian/Spouse/Next-of-Kin to be notified in case of emergency

Name:_______________________________________________________Relationship____________________________

Home Address:_____________________________________________  Home Phone:(       ) ______________________

Business Address:_____________________________________________ Bus. Phone:(        )_______________________

PART C: Medical Health History

All information on this form is completely confidential.

Please describe your present health. _____Excellent ______Good______Fair_______Poor

2. Has your present health CHANGED in the last year?      Yes      No
If yes, explain.___________________________________________________________________________________

3. Have you ever been HOSPITALIZED for Illness or surgery?     Yes          No
If yes, give dates, reason & explain._______________________________________________________________

__________________________________________________________________________________________

4. Has a doctor treated you for any condition in the last two years?    Yes         No
If yes, explain.__________________________________________________________________________

5. Do you wear contact lenses?       Yes                       No

6. If female, are you : Pregnant_______On Birth Control Pills_________

7. Please check any condition(s) you have had or have at the present time.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes/No Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Failure</td>
<td>Lung Disease</td>
</tr>
<tr>
<td>Heart Surgery</td>
<td>Bronchitis</td>
</tr>
<tr>
<td>Rheumatic Heart Disease</td>
<td>Emphysema</td>
</tr>
<tr>
<td>Irregular Heart Rate</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Congenital Heart Defect</td>
<td>Breathing Difficulties</td>
</tr>
<tr>
<td>High/Low Blood Pressure</td>
<td>Fainting or Dizzy Spells</td>
</tr>
<tr>
<td>Ankle Swelling</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td>Vision Problems</td>
</tr>
<tr>
<td>Stomach/Intestinal Ulcers</td>
<td>Hearing Problem</td>
</tr>
<tr>
<td>Anorexia/Bulemia</td>
<td>Frequent Headaches</td>
</tr>
<tr>
<td>Used Diet Drugs/Fen-phen</td>
<td>Hemophilia</td>
</tr>
<tr>
<td>Artificial Joints</td>
<td>Bleeding Longer than normal</td>
</tr>
<tr>
<td>Persistent cough</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Asthma</td>
<td>Implants of any kind</td>
</tr>
<tr>
<td>Often fatigued/exhausted</td>
<td>Sickle Cell Anemia</td>
</tr>
</tbody>
</table>

8. Circle any of the following drugs you are taking. Please indicate specific drug and dosage.
   a. Antibiotics or Sulfa drugs
   b. Anticoagulants (blood thinners)
   c. Medicine for High Blood Pressure
   d. Cortisone(Steroids)
   e. Tranquilizers
   f. Aspirin
   g. Insulin
   h. Oral Diabetes Medicine
   i. Heart Medicine

9. Explain any allergies you have to the following:
   a. Medications:
   b. Environmental:
   c. Foods:

10. Identify any prosthesis you may be wearing.
    a. Glasses: Yes ______ No______
    b. Contacts: Yes ______ No______
    c. Temporary Capped Teeth: Yes _____ No______
    d. Dental Partial Plate: Yes _____ No______

11. Limitations: Indicate any physical or other limitation that would prevent this student from participating in Athletics.

12. Musculoskeletal Injuries: ____________________________
    (Dates/Explain)_________________________________________________________________________

13. Fractures: __________________________________________
    (Dates/Explain)_________________________________________________________________________
14. Hospitalizations: ____________________________________________________________
   (Dates/Explain)_____________________________________________________________________

15. Surgeries: ________________________________________________________________________
   (Dates/Explain)_______________________________________________________________________

**PART D:** Physical Examination

Name:________________________________________________________________

Height:___________ Weight:_____________ Vital Signs:

   Heart rate_________minute; regular/irregular
   Blood Pressure_________ mmHg
   Respirations: ____________/minute

Are there any abnormalities? If yes, please describe.   No   Yes   DESCRIPTION

   Head, ears, nose, throat
   Cardiovascular
   Gastrointestinal
   Genitourinary
   Musculoskeletal (ROM & Reflexes)
   Endocrine/Metabolic
   Neuropsychiatric
   Integumentary
   Genitalia- Hernia/Testicle

I have examined this person and find him/her physically fit to participate in Athletics.  

M.D. Signature: __________________________ Provider’s Name: __________________________
Date of Exam: __________________________ Address: __________________________

* I, _________________________, (STUDENT, PRINT NAME) hereby state the above physical information has been completed by an authorized physician: __________________________. (STUDENT’S SIGNATURE)