ATHLETIC DEPARTMENT

TRYOUT PACKET
2016-2017

NAME: ____________________________

Student Number: ____________________
(Tri-C S#)

SPORT: ____________________________

PLEASE NOTE:

1. This packet must be completed in ink, turned into the Athletic Department and approved by a staff member before the Student Athlete may try out for a varsity team.

2. The enclosed Varsity Sports Examination Form is the only physical examination form accepted by the Athletic Department.
ATHLETIC DEPARTMENT
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FORM 11 Student Athlete Information Summary

All student-athletes must complete the items included in the checklist which is located after Form 11 in this packet. These items are part of the eligibility requirements required by the NJCAA.
NJCAA AMATEURISM QUESTIONNAIRE

Name: ___________________________________________________________ (First, Middle, Last)

Sport(s): _______________________________________________________

College Name: __________________________ Date of Birth: __________ Age: _______

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 Educational Background (high school, college, etc.):

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Name of School</th>
<th>Country</th>
<th>Tuition Paid by (e.g., parents, coach, team, government)</th>
<th>Graduation Date</th>
<th>Where did you live?</th>
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All Athletics Participation:

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<thead>
<tr>
<th>Team Name</th>
<th>Team Contact Information</th>
<th>League Affiliation</th>
<th>Dates of Participation</th>
<th>Number of Contests Played</th>
<th>List Expenses Received</th>
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Additional Questions:

1. Did you participate with any teams after your 19th birthday or full-time enrollment in college? Yes ___ No ___
   If Yes, please explain what team you participated and the years of participation. ________________________________

2. Did you receive any money above expenses for your participation on any of the teams mentioned? Yes ___ No ___
   If Yes, please explain what you received and which team(s) provided the payments. ________________________________

3. Did any members of your team receive money above expenses for their participation on any of the teams on which you participated (e.g., salary, bonus)? Yes _____ No ______ I don't know ______
   If yes, please indicate which team provided the payments above expenses to your teammates. ________________________________

4. Did you sign any type of agreement to participate on any of the teams mentioned above? Yes ____ No ____
   If yes, please indicate for which team and please provide a copy of the agreement. ________________________________

Please continue on to the next page.
(Page 2 - NJCAA Amateurism Questionnaire Continued)
5. Did any of the teams you participated on call themselves professional? Yes ____ No ____ I don’t know ____
   If yes, which team(s)? __________________________________________________________

6. Did you have a written or verbal agreement with an agent or agency to represent you while you were participating in athletics? Yes ____ No ____

7. Have you or any of your family ever accepted any benefits from an agent or anyone associated with an agent? Yes ____ No ____ I don’t know ____

8. Have you ever accepted any benefits not listed on this form from anyone other than your parents? Yes ____ No ____

9. Have you ever been involved in an advertisement or promotion? Yes ____ No ____ I don’t know ____
   If yes, please describe: __________________________________________________________________________________________

10. 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>Name of Team</th>
<th>Date of Competition</th>
<th>Name/Type of Competition</th>
<th>Prize Money Received</th>
<th>Expenses</th>
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Recruiting:

1. How did you learn about this institution? ________________________________________________

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

3. Please list all official visits taken.

4. Did you or someone on your behalf ever utilize a recruiting service or another individual to assist you in finding this institution or to assist you in obtaining an athletics scholarship? Yes ____ No ____ I don’t know ____
   If yes, who assisted you? Please explain.

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: ________________
ATHLETIC DEPARTMENT
STUDENT ATHLETE AGREEMENT

I am aware that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OR INJURY. I understand that the dangers and risks of playing or practicing in the above sport include, but are not limited to, DEATH, SERIOUS NECK AND SPINAL INJURIES WHICH MAY RESULT IN COMPLETE OR PARTIAL PARALYSIS OR BRAIN DAMAGE, SERIOUS INJURY TO VIRTUALLY ALL BONES, JOINTS, LIGAMENTS, MUSCLES, TENDONS, AND OTHER ASPECTS OF THE MUSCULAR-SKELETAL SYSTEM AND SERIOUS INJURY OR IMPAIRMENT TO OTHER ASPECTS OF MY BODY, GENERAL HEALTH AND WELL BEING.

Because of the dangers of participating in the below sport, I recognize the importance of following the coach’s instructions regarding playing techniques, training, rules of the sport, other team rules, and to obey such instructions.

In consideration of Cuyahoga Community College (Tri-C) permitting me to practice, play or tryout for Tri-C’s __________________________ (indicate intercollegiate sport) team, and to engage in all activities related to the team, including practicing, playing and travel, I hereby voluntarily assume any and all risks associated with participation and agree to exonerate and save harmless Tri-C, their agents, servants and employees, the athletic staff of Tri-C, the physicians and other practitioners of the healing arts treating me, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Tri-C __________________________ (indicate intercollegiate sport) team.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I hereby agree to submit any disputes that may arise between myself and Tri-C, its agents, servants and employees, the athletic staff of Tri-C, the physicians and other practitioners of the healing arts treating me, and all their agents, trustees, servants and employees, in connection with my activities at Tri-C, to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

______________________________
Printed Name (Student Athlete)

______________________________
Signature (Student Athlete)

______________________________
Signature (Parent or Guardian if Student Athlete is under 18)

______________________________
Student Number

______________________________
Date

______________________________
Date
ATHLETIC DEPARTMENT
MEDICAL RELEASE AND AUTHORIZATION

Please read the following consent form carefully. If you are under 18 years of age, your parents must also read the form and sign.

MEDICAL CONSENT

I hereby grant permission to Tri-C team physicians and/or their consulting physicians to render to my son or daughter or myself any treatment or medical or surgical care that they deem reasonably necessary to the health and well-being of the athlete.

I also hereby authorize the athletic trainers at Tri-C who are under the direction and guidance of the Tri-C team physicians to render to my son or daughter or myself any preventive first aid, rehabilitative or emergency treatment that they deem reasonable and necessary to the health and well-being of the athlete. This includes practices, games and travel.

Also, when necessary for executing such case, I grant permission for hospitalization.

Printed Name (Student Athlete) ___________________________ Student Number ___________________________

Signature (Student Athlete) ___________________________

Date ___________________________

Signature (Parent or Guardian if Student Athlete is under 18) ___________________________

Date ___________________________
ATHLETIC DEPARTMENT
VARSITY SPORTS PHYSICAL QUESTIONNAIRE

STUDENT ATHLETE’S NAME: ____________________________________________

ADDRESS: __________________________________________________________

CITY ___________________________ STATE ____ ZIP ____________

PHONE #: ______________________ AGE: _____ BIRTH DATE: ____________ SEX: ☐ FEMALE ☐ MALE

PERSONAL HISTORY
Check "YES" or "NO" - If "YES", please provide details and dates.

<table>
<thead>
<tr>
<th>HAVE YOU EVER HAD ANY OF THE FOLLOWING:</th>
<th>YES</th>
<th>NO</th>
<th>DETAILS</th>
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<tbody>
<tr>
<td>1. Injury that kept you from playing sports for more than one day?</td>
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<tr>
<td>2. Head injury of any kind?</td>
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<td>3. Loss of consciousness or fainting?</td>
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<td>4. Neck or back pain or injury?</td>
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<td>5. Broken bones or fractures?</td>
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<td>6. Problems with joints?</td>
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<td>7. Pulled muscles, ligaments or sprains?</td>
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<td>8. Hernia or rupture?</td>
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<td>9. An operation of any kind?</td>
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</table>

DO YOU TAKE MEDICINES FOR ANY OF THE FOLLOWING?

<table>
<thead>
<tr>
<th>DO YOU TAKE MEDICINES FOR ANY OF THE FOLLOWING?</th>
<th>YES</th>
<th>NO</th>
<th>DETAILS</th>
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</thead>
<tbody>
<tr>
<td>1. Asthma or allergies?</td>
<td></td>
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<tr>
<td>2. Heart Problems?</td>
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<td>3. Rheumatic Fever?</td>
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<td>4. High Blood Pressure?</td>
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<td>5. Diabetes?</td>
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<td>6. Epilepsy or Convulsions?</td>
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<td>7. Sickle Cell or other Anemia?</td>
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ARE YOU ALLERGIC TO ANY MEDICINES?

HAS ANYONE IN YOUR IMMEDIATE FAMILY DIED OF A HEART ATTACK PRIOR TO REACHING THE AGE OF 50?

I certify that to the best of my knowledge the above information is true and accurate.

Signature (Student Athlete): ________________________________ Date: ________________
ATHLETIC DEPARTMENT
VARSITY SPORTS EXAMINATION

STUDENT ATHLETE'S NAME: ________________

SPORT: ________________________________

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<thead>
<tr>
<th>HEIGHT</th>
<th>WEIGHT</th>
<th>BLOOD PRESSURE</th>
<th>PULSE</th>
<th>URINALYSIS</th>
<th>GROSS VISION</th>
<th>PUPILS</th>
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<th>EXAMINATION</th>
<th>NL:</th>
<th>ABN:</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>1. Heart</td>
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<td>2. Lungs</td>
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<td>3. Skin</td>
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<td>4. Abdomen:</td>
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<td>Spleen</td>
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<td>Liver</td>
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<td>5. Hernia</td>
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<td>6. External Genitals</td>
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<td>7. Upper Extremities:</td>
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<td>ACJts</td>
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<td>Symm</td>
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<td>ROM</td>
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<td>8. Spine:</td>
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<td>Neck</td>
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<td>Fwd. Bend</td>
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<td>Gait</td>
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<td>I-Hop</td>
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<td>ROM</td>
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PLEASE CHECK ONE:
( ) SATISFACTORY EXAMINATION  ( ) FURTHER EXAMINATION REGARDING: ____________________________

PLEASE CHECK ONE OR MORE:
CLEARED FOR: ( ) Baseball ( ) Basketball ( ) Softball ( ) Soccer ( ) Cross Country ( ) Volleyball ( ) Track

DATE: ____________________________  PHYSICIAN'S SIGNATURE: ____________________________

PHONE #: _________________________  PHYSICIAN'S PRINTED NAME: _______________________

PHYSICIAN'S OFFICE ADDRESS STAMP: ____________________________
ATHLETIC DEPARTMENT
INSURANCE QUESTIONNAIRE

STUDENT ATHLETE'S NAME: ___________________________  S#: ___________________________

DO YOU HAVE GROUP MEDICAL INSURANCE COVERAGE THROUGH YOUR PARENT / GUARDIAN?  ☐ YES  ☐ NO

FATHER / GUARDIAN
NAME: ___________________________
ARE YOU EMPLOYED?  ☐ YES  ☐ NO
IF YES, DO YOU HAVE GROUP MEDICAL INSURANCE COVERAGE THROUGH YOUR EMPLOYER?  ☐ YES  ☐ NO
ADDRESS: ______________________________________
STREET
CITY  ST  ZIP
PHONE #: ___________________________
INSURANCE CO: ___________________________
ADDRESS: ______________________________________
STREET
CITY  ST  ZIP

MOTHER / GUARDIAN
NAME: ___________________________
ARE YOU EMPLOYED?  ☐ YES  ☐ NO
IF YES, DO YOU HAVE GROUP MEDICAL INSURANCE COVERAGE THROUGH YOUR EMPLOYER?  ☐ YES  ☐ NO
ADDRESS: ______________________________________
STREET
CITY  ST  ZIP
PHONE #: ___________________________
INSURANCE CO: ___________________________
ADDRESS: ______________________________________
STREET
CITY  ST  ZIP

PLAN:  ☐ HEALTH MAINTENANCE ORGANIZATION (HMO)
☐ PREFERRED PROVIDER ORGANIZATION (PPO)
☐ STANDARD MEDICAL & HOSPITALIZATION COVERAGE
☐ OTHER (DESCRIBE)

If you have medical insurance coverage, and you and/or your son/daughter is not covered or is partially covered due to policy limitations. please explain.

If your son/daughter has medical insurance coverage as an eligible dependent from your previous marriage, as mandated in a divorce decree, please give details for filing a claim.

If we agree that all information provided in this document is accurate and complete to the best of my/our knowledge, and we understand that any incorrect or undisclosed information can result in duplicate payments creating a substantial overpayment. The responsibility of such overpayment will be the obligation of the undersigned to reimburse in full, upon request, all amounts deemed refundable.

Signature (Father / Guardian): ___________________________  Date: ___________________________
Signature (Mother / Guardian): ___________________________  Date: ___________________________
Signature (Student Athlete): ___________________________  Date: ___________________________
The college's goal is excellence in education and scholarly pursuit. As student/athletes, you are not above the rules and regulations of Cuyahoga Community College. You are expected to follow all policies implemented by the College with no exception.

All athletes are representatives of the athletic department. Actions taken by you not only affect you, but they also affect the other athletes, coaches, and athletic department personnel.

The Student Conduct and Academic Code can be found at the end of the Student Handbook provided by the College along with other policies that have been adopted by the College. It is your responsibility to know this Conduct Code, as well as the Ohio Community College Athletic Conference Code of Conduct (see below) and National Junior College Athletic Association Code of Conduct (see below).

**OCCAC CODE OF CONDUCT**

Athletes participating on intercollegiate teams in the OCCAC represent their institution, the conference, and collegiate athletics in general. It is expected that all team representatives display sportsmanlike conduct at all times. This is to include, but not limited to showing respect and courtesy for players, coaches, officials, fans, as well as the personnel and property of other institutions. At no time will verbal or physical abuse of either person or property be condoned by the OCCAC, and its representative institutions.

The OCCAC recognizes two (2) types of unsportsmanlike behavior for all sports sanctioned by the conference, these being:

- Excessive Verbal Abuse: defined by the reigning official for the particular contest.
- Physical Altercation: defined as any physical contact not associated with the normal playing of any contest.

Offenses in either of these situations will be dealt with appropriately by each of the conference institutions and the OCCAC Board of Directors.

**ARTICLE XX**

**CODE OF CONDUCT FOR ALL NATIONAL EVENTS, CONTESTS AND TOURNAMENTS SPONSORED BY THE NATIONAL JUNIOR COLLEGE ATHLETIC ASSOCIATION**

This code of conduct applies to all region, district and national events, contests and tournaments sponsored by the National Junior College Athletic Association. Violations of the code of conduct occurring during the regularly scheduled season events shall be referred to the respective conference or region Standards and Ethics Committee. The jurisdiction of the NJCAA Code of Conduct ends when colleges competing in such tournaments arrive back on their respective campuses.

**Code of Conduct**

A. Participants shall recognize the responsibility for proper conduct at any national tournament, event or contest sponsored by the NJCAA or its member colleges.

B. Coaches shall recognize and assume responsibility for the actions of themselves and the team members. Each coach who has participants competing in the event shall be responsible for informing each participant about the Code of Conduct.
Behavior
Coaches, players, and institutional personnel must remember that they are representatives of an institution of higher learning, its faculty, and administration and student body. As such they are expected to conduct themselves in a manner which would reflect credit on their team, institution, region and the NJCAA. Student-athletes, coaches and institutional personnel who are participating in NJCAA events are subject to all NJCAA rules, regulations and penalties as stated in the NJCAA Handbook as well as local, state and federal laws.

Inappropriate and unacceptable behavior by coaches, players or institutional personnel will not be tolerated before, during, or after contests, at the hotel or in public while representing their college. This Code of Conduct does not replace Article XVIII of the NJCAA handbook. Unacceptable forms of behavior include but are not limited to:

1. Fighting
2. Taunting
3. Inappropriate celebration
4. Disrespectful attitude toward opponents, officials, tournament administrators
5. Use of profane and vulgar language
6. Use of tobacco and/or alcohol
7. Disrespectful attitude toward host hotel personnel
8. Unlawful activities

Derogatory comments
Coaches, athletes or institutional personnel shall not make derogatory public comments regarding administration of a tournament or officiating of contests during post-game interviews or at other times; to print or broadcast media, in news releases or internally produced news releases or under any conditions when their comments may become public. The head coach shall be fully responsible for assuring that no public comments are made by the coaching staff, student-athletes or institutional personnel about officiating, fighting or other incidents which occur during contests.

A coach shall not address or permit anyone in the team area to address uncomplimentary remarks to any game official during the progress of a contest or engage in conduct which might incite student-athletes or spectators against officials.

Reporting
Violations of the Code of Conduct may be reported to the Executive Director of the NJCAA or his designee.

Procedures and Penalties

Immediate Action
Where immediate action is needed to alleviate or control a situation, the Executive Director or designee shall have the authority to act at his/her sole discretion. Examples of events which would require immediate action include but are not limited to the following:

- Allegation of serious misconduct requiring immediate suspension of institutional personnel or student-athletes from competition.
- Instances where the Executive Director or designee deems it necessary to protect the safety and integrity of the competition.
- Protection of the event’s officiating program, particularly in an instance where public comments by an institutional representative may affect competition.
- Any instance or circumstance which might affect the safety of officials, participants or spectators attending the event.

Penalties—Immediate Action
The Executive Director or designee may issue any penalty that he/she believes appropriate to any student-athlete or institutional personnel who has violated the regulations pertaining to conduct when the Executive Director or designee concludes that immediate action is required. The actions of the Executive Director or designee shall be final and binding but shall be reported to the Standards and Ethics Committee within one week.

Timely Action
In cases where immediate action is not required but where sanctions are warranted, the Executive Director or designee may issue the following penalties:

Reprimand: The Executive Director or NJCAA Standards and Ethics Committee may issue a letter of reprimand to the coach, player or institutional personnel who violates the regulations pertaining to conduct. Copies of the letter of reprimand will be sent to the Director of Athletics and the President of the institution.

Probation, suspension and other penalties: If the misconduct is serious enough, the Executive Director or designee may issue other penalties which may include but are not limited to probation, suspension or disqualification of the coach, player or institutional personnel from participating in one or more contests.

I have read, understand and will follow the Cuyahoga Community College student conduct and academic code as well as the code of conduct for the National Junior College Athletic Association and the Ohio Community College Athletic Conference.

Printed Name (Student Athlete)  
Student Number

Signature (Student Athlete)  
Date
OCCAC
SPORTSMANSHIP STATEMENT

The Ohio Community College Athletic Conference and Cuyahoga Community College encourage and promote sportsmanship by all participants. Sportsmanship is a team effort involving student-athletes, coaches, spectators, and officials.

In the spirit of fair play, you are expected to use language and behavior that shows respect for the participants and officials of this event.

Violations of this standard of conduct will result in team penalties and possible removal from the area (gym, field, court).

OCCAC
PLEDGE OF SPORTSMANSHIP

As an athlete representing Cuyahoga Community College, I understand I am expected to adhere to the principles of sportsmanship and fair play. The officials, participants, coaches, fans, and college personnel should be treated with respect.

The following conduct is contrary to the spirit of fair play and will not be tolerated: vulgar or profane language, trash talking, baiting, demeaning celebrations, racial or ethnic comments, the use of unwarranted physical contact, or other intimidating actions directed at anyone.

I understand if I violate this rule of conduct, I will be penalized in the contest and may be ejected from the game.

Printed Name (Student Athlete)

Student Number

Signature (Student Athlete)

Date
ATHLETIC DEPARTMENT
STUDENT ATHLETE POLICIES AND PROCEDURES

It is important that we establish the best possible understanding between student athletes and coaches about their respective goals, responsibilities, commitments, procedures, and policies. It is equally important to understand the discipline that it will take in areas of academics, athletics, and your social life to earn the respect and success we want you to achieve.

I. The student athletes primary goals at Cuyahoga Community College (Tri-C) are:
   - To make progress towards graduation and an Associate Degree
   - To contribute to a championship team
   - To reach your full potential as a team
   - To reach your full potential, academically and athletically, as an individual

II. Disciplinary action will be taken when a student athlete does not meet the expectations and responsibilities outlined here.
   a. The penalty procedure is as follows: The penalty assigned will be determined by the head coach based on the seriousness and type of violation and the individual involved. If the penalty is of a severe nature, the Athletic Director and/or Dean of Student Affairs may impose further disciplinary action.
   b. Types of penalties:
      i. Physical exercise
      ii. Suspension
      iii. Termination

III. Individual Expectations and Responsibilities
   - You will abide by the Cuyahoga Community College, the Ohio Community College Athletic Conference, and the National Junior College Athletic Association’s Codes of Conduct.
   - You will report to games, practices, team meetings, and meetings with coaches on time. You must have permission from your coach to be late or miss any team or individual practice session.
   - You will not vocalize, comment, or gesture in any way to opponents, fans, or umpires.
   - You will not use vulgar and/or abusive language.
   - You will show respect to our equipment. The proper use, storage of, and care of equipment and supplies will be the responsibility of players and coaches.
   - You are responsible for all equipment and uniforms issued to you. You will be charged for the full replacement cost for any equipment or uniform that is lost, damaged, or stolen.
   - Theft or horseplay involving any team or teammate’s personal items or equipment will not be tolerated.
   - You will report any injury/illness to the coach or trainer immediately. You will go to the trainer before or after but not during practice. You are encouraged to meet with the trainer often.
   - You will keep the good of the team in mind at all times. You will be unselfish. Your positive attitude means more than your ability to the growth of the team.
   - You will handle your responsibilities and assignments, no matter how small they may seem, with pride and 100% effort.
   - Your membership on this team is a privilege, not a right. Privileges can be revoked; rights may not. Improper representation of the team or the college, through a social media outlet such as Facebook, Twitter, Instagram, etc. may be a violation and result in disciplinary sanctions.
   - You will be positive and respectful when talking about your team, your teammates, your coaches, and your school.
   - You will respect all orders from college employees, including administrators, instructors, staff, other coaches, et al.
IV. Off the Field

- A 2.0 cumulative GPA from fall semester is required to qualify for an athletic scholarship for spring semester.
- You will be in good standing academically and athletically eligible at all times.
- You will complete all Student Athlete Academic Progress Reports by the deadlines specified.
- You will show respect to administrators, instructors, staff, and fellow students at all times.
- You will be on time and attend every class. You will notify your teachers in advance if you need to miss class for a game.
- If you need to miss practices for academic purposes, you will discuss it with your coach in advance. Every effort should be made to handle these situations on your own time.
- You will remember that, as an athlete, you are highly visible and you will conduct yourself so as to earn respect from others at all times. This is important, not only for our program, but for you as an individual as well.

V. Team Travel

- You will be early or on time to the bus or you will be left behind.
- You will travel to and from the games with the team.
- You will dress appropriately. You will look clean, neat, and well groomed.
- You will not be loud on the bus. You will respect those around you and their need to study.
- You will conduct yourself in a dignified fashion at the hotels.
- You will remember the first reason we travel is to compete not socialize. We encourage you to have fun but do not detract from the primary purpose you are traveling.
- No alcoholic beverages or prohibited drugs are permitted on any team trip.
- Curfews will be strictly enforced.

The College premises shall be tobacco-free, thus supporting a healthy environment for all who are on the grounds of any College locations. This policy applies to all individuals, including but not limited to employees, students and visitors who may be located inside or outside of any buildings, residences or parking lots on the grounds of any of our College locations. Tobacco is defined as all products derived from, or containing tobacco, including and not limited to those listed below.

- Cigarettes (e.g. clove bidis, kreteks)
- Cigars and cigarettos
- Hookah smoked products
- Pipes and oral tobacco (e.g., spit and spitless, smokeless, chew, snuff)
- Nasal tobacco
- Electronic cigarettes and vapes or any other product intended to mimic tobacco products and/or deliver nicotine other than for the purpose of cessation, or that contains tobacco flavoring

It is the responsibility of all students, faculty, staff and visitors to observe, adhere to and respect the College’s Tobacco Free policy. Students, faculty and staff are encouraged and empowered to respectfully inform others about the policy in an ongoing effort to support the College’s goal of becoming tobacco-free and improving individual health and well-being.

_I have read, understand and will follow the Student Athlete Policies and Procedures outlined in this document._

<table>
<thead>
<tr>
<th>Printed Name (Student Athlete)</th>
<th>Student Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature (Student Athlete)</td>
<td>Date</td>
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</tbody>
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ATHLETIC DEPARTMENT
STUDENT ATHLETE ACADEMIC PROGRESS REPORT PROCEDURE

1) All student athletes are required to submit a Student Athlete Academic Progress Report* to the Athletic Department from each of their respective credit course instructors by the specified due dates (see “Student Athlete Academic Calendar” available in the Athletic Office) following the 5th and 11th weeks of the Fall and Spring semesters. Student Athlete Academic Progress Report forms will be provided by the Athletic Department. For online courses only, student athletes should print their grades from Blackboard. If the cumulative grade in the online course is not decisively a ‘C’ or better, including if no grades are posted, student athletes are required to submit an email from their instructor stating their grade/progess in the course.

2) For in-season student athletes on the official NJCAA / Cuyahoga Community College roster
   a) All student athletes who submit Student Athlete Academic Progress Reports from each of their respective credit course instructors with a ‘C’ or better by the specified due dates (see “Student Athlete Academic Calendar” available in the Athletic Office) are eligible to participate in all practices and games.
   b) Failure to submit a Student Athlete Academic Progress Report from each of their respective credit course instructors by the specified due dates (see “Student Athlete Academic Calendar” available in the Athletic Office) will result in the student athlete missing any scheduled game(s) until the form is submitted and may result in the loss of athletic scholarship funds (if applicable).
   c) Any student athlete who submits a Student Athlete Academic Progress Report at the 5th week of the semester with a grade below a ‘C’ will be required to attend tutoring in that subject area until the grade is a ‘C’ or better. The student athlete will also be required to submit a Student Athlete Tutoring Form every Thursday by 4:00 PM to the Athletic Department. Failure to submit the weekly tutoring form will result in the student athlete being required to attend a mandatory meeting with the Athletic Director.
   d) Any student athlete who receives a grade below a ‘C’ at the 5th week of the semester and receives a grade below ‘C’ at the 11th week of the semester in the same course will result in the student athlete missing the first scheduled game following the specified due date. The student athlete will also be required to attend tutoring until the grade is a ‘C’ or better and submit a Student Athlete Tutoring Form every Thursday by 4:00 PM to the athletic department. Failure to submit the weekly tutoring form will result in the student athlete being required to attend a mandatory meeting with the Athletic Director and may result in the loss of athletic scholarship funds (if applicable).

3) For 1st year out-of-season student athletes
   a) All student athletes who submit Student Athlete Academic Progress Reports from each of their respective credit course instructors with a ‘C’ or better by the specified due dates (see “Student Athlete Academic Calendar” available in the Athletic Office) are eligible to participate in all practices.
   b) Failure to submit a Student Athlete Academic Progress Report from each of their respective credit course instructors by the specified 5th or 11th week due date (see “Student Athlete Academic Calendar” available in the Athletic Office) will result in the student athlete missing the first scheduled game of the upcoming season and may result in the loss of athletic scholarship funds (if applicable). Failure to submit a Student Athlete Academic Progress Report from each of their respective credit course instructors by both the specified 5th and 11th week due dates (see “Student Athlete Academic Calendar” available in the Athletic Office) will result in the student athlete missing the first three scheduled games of the upcoming season and may result in the loss of athletic scholarship funds (if applicable).
   c) Any student athlete who submits a Student Athlete Academic Progress Report at the 5th week of the semester with a grade below a ‘C’ will be required to attend tutoring in that subject area until the grade is a ‘C’ or better. The student athlete will also be required to submit a Student Athlete Tutoring Form every Thursday by 4:00 PM to the Athletic Department. Failure to submit the weekly tutoring form will result in the student athlete being required to attend a mandatory meeting with the Athletic Director.
   d) Any student athlete who receives a grade below a ‘C’ at the 5th week of the semester and receives a grade below ‘C’ at the 11th week of the semester will result in the student athlete missing the first scheduled game of the upcoming season. In the instance that the student athlete did not meet an earlier specified due date, the student athlete will miss an additional game. The student athlete will also be required to attend tutoring until the grade is a ‘C’ or better and submit a Student Athlete Tutoring Form every Thursday by 4:00 PM to the athletic department. Failure to submit the weekly tutoring form will result in the student athlete being required to attend a mandatory meeting with the Athletic Director and may result in the loss of athletic scholarship funds (if applicable).
4) For 2nd year out-of-season Spring student athletes (Men’s Baseball & Women’s Softball, Fall 2014)
   a) All student athletes who submit Student Athlete Academic Progress Reports from each of their respective credit
course instructors with a ‘C’ or better by the specified due dates (see “Student Athlete Academic Calendar” –
available in the Athletic Office) are eligible to participate in all practices.
   b) Failure to submit a Student Athlete Academic Progress Report from each of their respective credit course instructors
   by the specified 5th or 11th week due date (see “Student Athlete Academic Calendar” – available in the Athletic Office)
   will result in the student athlete missing the first scheduled game of the upcoming season and may result in
   the loss of athletic scholarship funds (if applicable). Failure to submit a Student Athlete Academic Progress Report
   from each of their respective credit course instructors by both the specified 5th and 11th week due dates (see “Student
   Athlete Academic Calendar” – available in the Athletic Office) will result in the student athlete missing the first three
   scheduled games of the upcoming season and may result in the loss of athletic scholarship funds (if applicable).
   c) Any student athlete who submits a Student Athlete Academic Progress Report at the 5th week of the semester with a
   grade below a ‘C’ will be required to attend tutoring in that subject area until the grade is a ‘C’ or better. The student
   athlete will also be required to submit a Student Athlete Tutoring Form every Thursday by 4:00 PM to the Athletic
   Department. Failure to submit the weekly tutoring form will result in the student athlete being required to attend a
   mandatory meeting with the Athletic Director.
   d) Any student athlete who receives a grade below a C at the 5th week and receives a grade below C at the 11th
   week in the same course will result in the student athlete missing the first scheduled game of the upcoming season
   and may result in the loss of athletic scholarship (if applicable). In the instance that the student athlete did not meet
   an earlier specified due date, the student athlete will miss an additional game. The student athlete will also be
   required to attend tutoring until the grade is a C or better and submit a Student Athlete Tutoring Form every Thursday
   by 4:00 PM to the athletic department. Failure to submit the weekly tutoring form will result in the student athlete
   being required to attend a mandatory meeting with the Athletic Director.

5) For 2nd year out-of-season Fall student athletes (Men’s Soccer, Spring 2015)
   a) Failure to submit a Student Athlete Academic Progress Report from each of their respective credit course instructors
   by the specified due dates (see “Student Athlete Academic Calendar” – available in the Athletic Office) will result in
   the student athlete being required to attend a mandatory meeting with the Athletic Director and may result in the
   loss of athletic scholarship funds (if applicable).
   b) Any student athlete who submits a Student Athlete Academic Progress Report at the 5th week of the semester with a
   grade below a ‘C’ will be required to attend tutoring in that subject area until the grade is a ‘C’ or better. The student
   athlete will also be required to submit a Student Athlete Tutoring Form every Thursday by 4:00 PM to the Athletic
   Department. Failure to submit the weekly tutoring form will result in the student athlete being required to attend a
   mandatory meeting with the Athletic Director.
   c) Any student athlete who receives a grade below a ‘C’ at the 5th week and receives a grade below ‘C’ at the 11th
   week in the same course will result in the student athlete being required to attend a mandatory meeting with the
   Athletic Director and may result in the loss of athletic scholarship funds (if applicable). The student athlete will also
   be required to attend tutoring until the grade is a ‘C’ or better and submit a Student Athlete Tutoring Form every
   Thursday by 4:00 PM to the athletic department. Failure to submit the weekly tutoring form will result in the student
   athlete being required to attend an additional mandatory meeting with the Athletic Director.

6) Student Athlete Academic Progress Reports and Student Athlete Tutoring Forms will be randomly audited. Any student
   athlete found forging or altering their form(s) will be disciplined through the Dean of Student Affairs office following the
   College’s Student Conduct Code policy.

7) Failure to adhere to the Student Athlete Academic Progress Report Procedure as detailed above may result in the loss of
   your athletic scholarship funds (if applicable) and a balance due on your College account.

I have read the above Student Athlete Academic Progress Report Procedure and agree to abide by it as long
as I am a student athlete at Cuyahoga Community College.

Printed Name (Student Athlete) ________________________________  Student Number ________________________________

Signature (Student Athlete) ________________________________  Date ________________________________
Agreement for the
Use of Name and Likeness

Grantor name (print): ________________________________________________________________

Preferred method of contact:

Email address: ________________________________________________________________

Phone number: ________________________________________________________________

Description of photography, recordings, or other activity (the ‘event(s)”), and date(s) of event(s):  ________________________________________________________________

For good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I grant irrevocable permission to Cuyahoga Community College District (the “College”) and its trustees, officers, students, vendors, consultants, agents and employees (collectively, the “affiliates”) to use my name, photograph, video, likeness, voice, statements associated with event(s) in any and all manner and media throughout the world, in perpetuity. I waive any right that I may have to inspect or approve any such use.

I agree that the materials may be edited, adapted, expanded, revised, or modified at the sole discretion of the College and its affiliates. I consent to use of the materials in connection with publicity, advertising, promotion, publication and any other purposes. I understand that the College and its affiliates may use the materials in any media or format it chooses, whether or not for profit, including without limitation television, radio, print, promotional materials and Internet.

I warrant and represent that this agreement does not in any way conflict with any existing commitment on my part. I agree that the College is not under any obligation to exercise any of the rights, licenses and privileges herein granted.

I agree that no aspect of this agreement or participation in the event(s) makes me an employee of the College.

I agree to release, waive, forever discharge, and covenant not to sue the College and its affiliates from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or relating to my participation in the event(s), the College’s or any affiliate’s exercise of rights granted by this agreement, including without limitation, claims for compensation, defamation, infringement, and invasion of privacy. In addition, I hereby hold harmless and indemnify the College and its affiliates from any and all liability, claims, actions, suits, losses and costs or related causes of action for damages arising out of or relating to my participation in the event(s), the College’s or any affiliate’s exercise of rights granted by this agreement, including without limitation, claims for compensation, defamation, infringement and invasion of privacy. I also understand that this agreement binds my heirs, executors, administrators, and assigns, as well as me.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

AGREED AND ACCEPTED:

Grantor signature: ________________________________________________________________

Date: ____________________

Signature of parent or guardian (if grantor is a minor): __________________________________

Parent or guardian name (please print): _____________________________________________

Date: ____________________
ATHLETIC DEPARTMENT
STUDENT ATHLETE INFORMATION SUMMARY

NAME: ___________________________ S#: ___________________________

ADDRESS: 

Street: ___________________________ City: ___________________________ State: ___________________________ Zip: ___________________________

EMAIL: ___________________________ DATE OF BIRTH: ___________________________ ☐ FEMALE ☐ MALE

CELL PHONE #: ___________________________ TEXT MESSAGING? ☐ YES ☐ NO

PARENT / GUARDIAN WHO CARRIES INSURANCE: ___________________________ PHONE #: ___________________________

ADDRESS: 

Street: ___________________________ City: ___________________________ State: ___________________________ Zip: ___________________________

EMPLOYER OF PARENT / GUARDIAN WHO CARRIES INSURANCE: ___________________________

ADDRESS: 

Street: ___________________________ City: ___________________________ State: ___________________________ Zip: ___________________________

PRIMARY PHYSICIAN’S NAME: ___________________________ PHONE #: ___________________________

EMERGENCY CONTACT #1: ___________________________

Name: ___________________________ Phone #: ___________________________

EMERGENCY CONTACT #2: ___________________________

Name: ___________________________ Phone #: ___________________________

Presently taking, consuming or am under the following medication: ____________________________________________________________

Presently allergic to the following medication: ____________________________________________________________

Presently wear contact lenses? ☐ YES ☐ NO Presently wear glasses? ☐ YES ☐ NO

Presently a diabetic, hemophilic or have hearing problems? ☐ YES ☐ NO

If yes, please state: ____________________________________________________________

INSURANCE COMPANY NAME: ___________________________

ADDRESS: 

Street: ___________________________ City: ___________________________ State: ___________________________ Zip: ___________________________

PHONE #: ___________________________

POLICY HOLDER’S NAME: ___________________________

POLICY HOLDER’S ID #: ___________________________

I certify that the foregoing is true and correct.

Signature (Student Athlete): ___________________________ Date: ___________________________

AUTHORIZED TO RELEASE INFORMATION

I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information, to Summit America Insurance Services, L.C., the Plan Administrator, or their Employees and Authorized Agents for the purpose of validating and determining benefits payable. A photocopy of this authorization shall be as valid as the original.

Signature (Student Athlete): ___________________________ Date: ___________________________
<table>
<thead>
<tr>
<th>Received</th>
<th>Enrollment Center Required Documents</th>
<th>Received</th>
<th>Athletic Office Required Documents</th>
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<tbody>
<tr>
<td></td>
<td>Proof of high school graduation. To Include final/official high school transcript which identifies</td>
<td></td>
<td>Completed Try-Out Packet</td>
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<td>the school, student, date of graduation and has an administrative signature.</td>
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<td>Health Insurance ID Card</td>
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<td>Translated transcripts (both college and high school) to English by professional translation</td>
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<td>Documentation of birth - verification includes passport,</td>
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<td>service outside the College.</td>
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<td>visa, birth certificate.</td>
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<tr>
<td></td>
<td>Official college transcripts (past, present and transfer)</td>
<td></td>
<td>Current student schedule including start and end dates</td>
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<tr>
<td></td>
<td>Documentation of birth - verification includes passport, visa, birth certificate.</td>
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<td>for each class.</td>
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<td>Academic Progress Report - Week 5</td>
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<td>Tutoring Reports - Week 5</td>
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<td>Academic Progress Report - Week 11</td>
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<td>Final Grades - Fall</td>
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</table>