



## **Allegany College of Maryland Pre-Participation Packet Checklist**

### **Prospective and Current Student Athletes:**

All of the below forms **must be completed and reviewed** by the ACM Athletic Department prior to participation in any ACM sanctioned practice or tryout. There are **NO** exceptions to this requirement.

**\*\* Please check off each form when completed to insure all required forms are turned in. Completed forms may be submitted to the Athletics Department Administrative Assistant (Rm. 166), Head Athletic Trainer (Rm. 160), or your respective Head Coach.**

- ☐ **1. ACM Eligibility Affidavit (Pink and Two-Sided)**
- ☐ **2. Student-Athlete Health History Questionnaire Form (3 pgs. Front & Back)**
- ☐ **3. Pre-Participation Physical Evaluation Physician Form**  
***\*\* 1 pg. To be completed and signed by your at-home Primary Care Physician\*\****
- ☐ **4. Pre-Participation CV-19 Screening**
- ☐ **5. NJCAA Region XX Communicable Disease Waiver**
- ☐ **6. Emergency Contact/Insurance Form**
- ☐ **7. Department of Athletics Assumption of Risk/Release (Two-Sided)**
- ☐ **8. ACM Insurance and Treatment Consent Acknowledgement (Two-Sided)**
- ☐ **9. FERPA Release of Information**
- ☐ **10. ACM CV-19 Consent & Waiver Agreement High Exposure Activities**
- ☐ **11. Student Athlete Standard of Excellence (5 pgs. – Please Return Only Signature Page)**
- ☐ **12. NJCAA Sportsmanship and Code of Conduct (student-athlete keeps this copy, no signature)**

**Additional note for minors:** Any student athlete *under the age of 18* will require the signature of a parent/legal guardian along with the student's signature.

# ACM Eligibility Affidavit

Based on the NJCAA Eligibility Affidavit

Sport: \_\_\_\_\_

Date: \_\_\_\_\_

*Fill in all applicable information on this form to assist in determining eligibility for the NJCAA.*

## Personal Information:

Name: \_\_\_\_\_ Current Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID Number: \_\_\_\_\_  
(First, Middle, Last)

Student's Phone Number(s) at College: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student's College Address: \_\_\_\_\_  
Street Address City, State, Zip Code

Parent's Home Address: \_\_\_\_\_  
Street Address City, State, Zip Code

Home Number: \_\_\_\_\_ Parents' Names: \_\_\_\_\_

Name of High School(s) you have attended: \_\_\_\_\_

City, State & Country: \_\_\_\_\_

Did you graduate?: Yes\* \_\_\_\_\_ No \_\_\_\_\_ High School/GED Graduation Date (mo/date/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_

Were you home schooled? Yes \_\_\_\_\_ No \_\_\_\_\_ Did you graduate? Yes\* \_\_\_\_\_ No \_\_\_\_\_

The NJCAA has provisions that allow student athletes with a certified learning disability to participate in intercollegiate athletics provided detailed documentation is submitted and approved in advance of participation. Would you like information regarding our disability services if you have an IEP or a certified learning disability for considerations toward academic accommodations? Y \_\_\_\_\_ N \_\_\_\_\_

## College Information:

1. Date you first entered college: \_\_\_\_\_ How many credits are you currently enrolled: \_\_\_\_\_
2. Did you take any college credit classes while in high school? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
\*If yes, name of college(s) \_\_\_\_\_  
If yes, those transcripts(s) from each college must be on file at this college.
4. Have you ever signed a Letter of Intent form with any institution? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, specify the College: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Have you ever been **red-shirted** for a season? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list the **dates** of that season, name of college, and describe the situation. \_\_\_\_\_
6. Have you ever participated in practices, scrimmages, games, and/or club teams other than this college?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name the school, date, sport, and describe the situation. \_\_\_\_\_
8. Do you currently play on any other sport teams (i.e. USAV, city recreational leagues, indoor soccer, AAU, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide the name of team, location, and dates of parti \_\_\_\_\_
7. At your 19<sup>th</sup> birthday or later, have you ever played professionally, signed a professional contract, contracted with a sports agent, played with professional athletes, accepted even \_\_\_\_\_
9. Have you ever received money beyond expenses for participating in any athletic event? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Did anyone on your team receive money beyond expenses for participating in any athletic event? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe the situation below and the **NJCAA Amateurism Questionnaire** should be completed and included with the eligibility file. \_\_\_\_\_

### THE FOLLOWING INFORMATION IS REQUIRED FOR EACH STUDENT ATHLETE

1. You must document your whereabouts for each semester since high school graduation or since receiving your GED. Use additional paper if necessary.
2. If you did not attend college during a semester and worked instead, list the employer and its city and state for each semester of where you work only.
3. If you did not work or attend school during a semester, list who you lived with and the city and state of residence of each semester of non-college attendance and non-employment.
4. Copy of driver's license or birth certificate must be on file in the ACM Athletic Department.
5. If you are a transfer student, AN OFFICIAL COPY OF THE COLLEGE TRANSCRIPT MUST be on file at ACM.
6. An official final high school transcript or if you received a GED, an official copy of the scores must be on file at ACM.

**List ALL Colleges Attended Full-Time and/or Part-Time after High School**  
**All transcripts from all previous institutions must be on file in the ACM Registrar's Office.**

College: \_\_\_\_\_ Dates: \_\_\_\_\_ Full-time or Part-time? (circle one)

College: \_\_\_\_\_ Dates: \_\_\_\_\_ Full-time or Part-time? (circle one)

College: \_\_\_\_\_ Dates: \_\_\_\_\_ Full-time or Part-time? (circle one)

**Foreign Born Students:**

Do you have an I-20 Form on file at this college? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever participated in a sport in a country other than the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Sport(s)? \_\_\_\_\_ Country: \_\_\_\_\_ Dates: \_\_\_\_\_

If yes, describe the situation: \_\_\_\_\_

**Additional Explanations:**

**NOTE:** If you attended college part-time or were not attending college for any period of time following high school graduation, please document your employment and military history during those times in the space below. If you were unemployed at any time, please list those dates below. The NJCAA requires that you account for any time not enrolled full-time. Please use the space below. Please record months and years when referring to dates.

**MY SIGNATURE CERTIFIES THAT:**

- I have provided accurate and complete information as requested on this form. Further, I have not been instructed to provide inaccurate or incomplete information on this form by any ACM staff member.
- With the exclusion of meal money administered according to ACM and NJCAA guidelines, I understand I am not allowed to accept and will immediately report any direct cash payment or any monetary aid not listed on NJCAA Letter of Intent and Scholarship Agreement that is provided to me by any ACM coach or staff member or any representative of the same.
- I understand that ACM is a secondary insurance and I am responsible for any balance remaining after ACM's athletic insurance covers their obligation.
- I understand that my participation in any fraction of a single contest constitutes a year of eligibility used, including participation on a club team.
- I understand that I must stay enrolled in at least 12 billable hours during the entire length of my intercollegiate athletic season. If I do not follow the above, I will become immediately ineligible for any and all future NJCAA and ACM athletic participation. Additionally, my team will be forced to forfeit any games that I participated in while enrolled in less than 12 billable hours. Please Note: Enrollment does not include audited classes
- I understand that ACM Athletics reserves the right to approve/flag/oversee all student athlete registrations.
- I give ACM permission to release my transcript, grades, academic progress, attendance information, and athletic participation to officials determining athletic eligibility, academic progress, and awards. Further, I give ACM permission to obtain the same information from other colleges /universities/high schools of attendance as it relates to any FERPA, NCAA, NAIA, NJCAA, CCCAA, NWAC, college/university, or high school release requirements.
- I am responsible for obtaining and providing to ACM my final official high school transcript and official transcripts for all colleges of attendance.
- I understand that NJCAA rules require an automatic two game suspension for a violent game ejection (including but not limited to fighting) and one game suspension for non-violent game ejection occurring during any NJCAA contest. Student athletes with repeated ejections are subject to the doubling of suspension penalties and loss of participation privileges as outlined by NJCAA rules.
- I give ACM permission to include my information on a roster listed on the ACM Athletics and NJCAA websites. I also give permission for my athletic accomplishments, athletic statistics, and image in team photographs to be shown on the same websites and for ACM promotional purposes.
- By participating in intercollegiate athletics at ACM, an NJCAA member institution, I understand that I am not eligible to file any legal court action against the NJCAA. Further, I am not allowed to publicly criticize game officials/referees to the media or through an internet posting. Such action is prohibited by conference by-laws and subject to disciplinary action starting with a one game suspension.
- I understand that the use of alcohol or drugs during any athletic game, practice, travel period, or sponsored event is prohibited by ACM and NJCAA policy and subject to disciplinary action.
- If engaging in social media use, student athletes are expected to do so in a responsible manner.

**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: \_\_\_\_\_



## Allegany College of Maryland Sports Medicine Department Student-Athlete Health History Questionnaire Form

**The information contained in this medical history form will only be used by the Sports Medicine Department of Allegany College of Maryland for purposes of determining if you pose a health threat/risk to yourself on the athletic field. This information will remain CONFIDENTIAL at all times.**

Student-Athlete Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sport(s): \_\_\_\_\_

### I. Cardiovascular Risk Factors:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| ▪ Have you ever had chest pain and/or shortness of breath during or after exercise / practice?                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Have you ever felt dizzy, lightheaded, and/or passed out during or after exercise / practice?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Have you ever had the feeling of your heart racing or skipping beats during or after exercise / practice?          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Do you get tired more quickly than your teammates / friends do during exercise / practice?                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Have you ever been told that you have a heart murmur?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Has any family member or relative died of heart problems and/or of sudden death before age 50?                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Has a physician ever denied or restricted your participation in sports due to any heart / cardiovascular problems? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Have you ever had an electrocardiogram (EKG) and/or echocardiogram (ECHO) of your heart?                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Does anyone in your family have a history of high blood pressure?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Have you ever been told that you have / had high blood pressure?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Does anyone in your family have a history of high blood cholesterol?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Have you even been told that you have / had high blood cholesterol?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Please describe any **YES** answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### XIII. Ribs / Thorax / Chest:

- |  |                                  |                                    |
|--|----------------------------------|------------------------------------|
| ▪ Have You Ever Suffered An Injury To Your Rib / Thorax / Chest?   | <input type="checkbox"/> YES     | <input type="checkbox"/> NO        |
| ▪ Were Any Diagnostic Tests Performed? (check all that apply)  | <input type="checkbox"/> X-Rays  | <input type="checkbox"/> MRI       |
|  | <input type="checkbox"/> CT-Scan | <input type="checkbox"/> Bone Scan |
| ▪ Have You Ever Had Surgery For A Rib / Thorax / Chest Injury?   | <input type="checkbox"/> YES     | <input type="checkbox"/> NO        |
| ▪ Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Ribs, Thorax, and/or Chest Injury? | <input type="checkbox"/> YES     | <input type="checkbox"/> NO        |
| ▪ Please describe any <b>YES</b> answers: _____  |                                  |                                    |

### XIX. Abdomen:

- |  |                                  |                                    |
|--|----------------------------------|------------------------------------|
| ▪ Have You Ever Been Diagnosed With A Problem With Your Stomach, Abdomen, Intestines, or Rectum? | <input type="checkbox"/> YES     | <input type="checkbox"/> NO        |
| ▪ Have You Ever Suffered An Injury To Your Abdomen?  | <input type="checkbox"/> YES     | <input type="checkbox"/> NO        |
| ▪ Were Any Diagnostic Tests Performed? (check all that apply)                                    | <input type="checkbox"/> X-Rays  | <input type="checkbox"/> MRI       |
|  | <input type="checkbox"/> CT-Scan | <input type="checkbox"/> Bone Scan |
| ▪ Have You Ever Had Surgery For An Abdomen Injury?   | <input type="checkbox"/> YES     | <input type="checkbox"/> NO        |
| ▪ Do You Routinely Suffer From Severe Or Recurrent Abdominal Pain?                               | <input type="checkbox"/> YES     | <input type="checkbox"/> NO        |



- Do you Routinely Suffer From Chronic or Recurrent Diarrhea? ☐ YES ☐ NO
- Do You Have Only One Of Two Paired, Functioning Organs (e.g. kidney, testicles, ovary, etc.)? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To An Abdomen Injury? ☐ YES ☐ NO
- Please describe any **YES** answers: \_\_\_\_\_

#### **IV. Head Injuries / Concussion:**

- Have You Ever Suffered a Head Injury / Concussion (no matter how minor)? ☐ YES ☐ NO  
If YES: How many diagnosed concussions have you had? (Please Circle): 1    2    3    4 +
- When was your most recent, please describe length/recovery time: \_\_\_\_\_
- Have you ever been hospitalized for a Head Injury / Concussion? ☐ YES ☐ NO
- Please Describe \_\_\_\_\_
- Were Any Diagnostic Tests Performed? ☐ YES ☐ NO (check all that apply)  
  - ☐ X-ray ☐ MRI ☐ CT-Scan ☐ Neuropsychological Testing ☐ Other \_\_\_\_\_
- Have You Ever Been Knocked Out, Become Unconscious, and/or Lost Your Memory Due To A Head Injury / Concussion? ☐ YES ☐ NO
- Please Describe \_\_\_\_\_
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Head Injury / Concussion? ☐ YES ☐ NO
- Please Describe \_\_\_\_\_
- Do You Suffer From Headaches? ☐ YES ☐ NO
- How often? ☐ Every Day ☐ 1-2 Times/Week ☐ 1-2 Times/Month
- Where Are Your Headaches Located? ☐ Left Side ☐ Right Side ☐ Front of Head ☐ Back of Head ☐ All Over
- Do You Have A History of Migraine Headaches? ☐ YES ☐ NO
- Have you ever been diagnosed with a learning disability, dyslexia, or ADD/ADHD? ☐ YES ☐ NO

#### **VIII. Cervical Spine / Neck:**

- Have You Ever Suffered An Injury To Your Cervical Spine and/or Neck? ☐ YES ☐ NO
- List Date(s) / Time (e.g. practices or games) Missed \_\_\_\_\_
- Please Describe \_\_\_\_\_
- Were Any Diagnostic Tests Performed? (check all that apply) ☐ X-Rays ☐ MRI ☐ CT-Scan ☐ Bone Scan
- Have You Ever Had "Burners", "Stingers", or Brachial Plexus Injuries? ☐ YES ☐ NO
- How Many? \_\_\_\_\_ Date(s)/Time Missed? \_\_\_\_\_
- Have You Ever Experienced Numbness and/or Tingling in Your Arms/Fingers? ☐ YES ☐ NO
- Have You Ever Had Surgery of Any Kind on Your Cervical Spine / Neck? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Cervical Spine / Neck Injury? ☐ YES ☐ NO
- Please provide dates and describe any **YES** answers: \_\_\_\_\_

#### **XII. Lumbar Spine/ Sacroiliac Joint:**

- Have You Ever Suffered An Injury To Your Spine / Low Back / Sacroiliac Joint? ☐ YES ☐ NO
- Were Any Diagnostic Tests Performed? (check all that apply) ☐ X-Rays ☐ MRI ☐ CT-Scan ☐ Bone Scan
- Have You Ever Been Hospitalized For A Spine / Low Back / Sacroiliac Joint Injury? ☐ YES ☐ NO
- Have You Ever Had Surgery of Any Kind on Your Spine / Low Back / Sacroiliac Joint? ☐ YES ☐ NO
- Have You Ever Had Numbness/Tingling Down One (1) or Both Legs? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Spine, Low Back, or SI Joint Injury? ☐ YES ☐ NO
- Please describe any **YES** answers: \_\_\_\_\_

#### **II. Allergies:**

- Have You Ever Been Diagnosed with Seasonal Allergies? ☐ YES ☐ NO
- Are You Presently Taking/Have You Previously Taken Any Allergy Medications? ☐ YES ☐ NO

- Are you allergic to and/or ever had an unfavorable / allergic reaction to any medications? ☐ YES ☐ NO
- Are you allergic to and/or ever had an unfavorable / allergic reaction to any food items? ☐ YES ☐ NO
- Are you allergic to and/or ever had an unfavorable / allergic reaction to bee stings, insect bites, etc.? ☐ YES ☐ NO

Please Describe any **YES** answers: \_\_\_\_\_

### **III. Asthma:**

- Have You Ever Been Diagnosed with Asthma and/or Exercised Induced Asthma? ☐ YES ☐ NO
- Are You Presently Taking / Have You Previously Taken Any Asthma Medications / Use an Inhaler? ☐ YES ☐ NO
- Have You Ever Been Hospitalized As a Result of Asthma and/or Exercised Induced Asthma? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To Asthma Or Any Related Condition? ☐ YES ☐ NO

Please provide dates and describe any **YES** answers: \_\_\_\_\_

### **VI. Ear / Nose / Throat:**

- Have You Ever Suffered An Injury To Your Ear(s), Nose, and/or Throat? ☐ YES ☐ NO
- Have You Ever Been Hospitalized For A Ear, Nose, and/or Throat Injury? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Ear, Nose, and/or Throat Injury? ☐ YES ☐ NO

Please provide dates and describe any **YES** answers: : \_\_\_\_\_

### **V. Eye:**

- When Was Your Last Eye Exam and were there any abnormal findings? \_\_\_\_\_
- Have You Ever Suffered An Injury To Your Eye(s) and/or Been Advised That You Have An Eye Disease? ☐ YES ☐ NO
- Have You Ever Been Hospitalized and/or Seen An Ophthalmologist For An Eye Injury? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To An Eye Injury? ☐ YES ☐ NO
- Do you routinely suffer from blurred vision, double vision, tunnel vision, and/or any other abnormal sight? ☐ YES ☐ NO
- Do you routinely wear glasses? ☐ YES ☐ NO
- Do you routinely wear contact lenses? ☐ YES ☐ NO Type \_\_\_\_\_
- Do you require any special devices / equipment? ☐ YES ☐ NO Type \_\_\_\_\_
- Please describe any **YES** answers: \_\_\_\_\_

### **V. Dental:**

- When Was Your Last Dental Exam and were there any abnormal findings? \_\_\_\_\_
- Have You Ever Suffered An Injury/ been hospitalized for a Mouth, Jaw, and/or Tooth Injury? ☐ YES ☐ NO

Please Describe any **YES** answers: \_\_\_\_\_

### **IX. Shoulder / Upper Arm:**

- Have You Ever Suffered An Injury To Your Shoulder / Upper Arm? ☐ YES ☐ NO
- Were Any Diagnostic Tests Performed? (check all that apply) ☐ X-Rays ☐ MRI ☐ CT-Scan ☐ Bone Scan
- Have You Ever Been Hospitalized For A Shoulder / Upper Arm Injury? ☐ YES ☐ NO
- Have You Ever Had Surgery of Any Kind on Your Shoulder / Upper Arm? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Shoulder / Upper Arm Injury? ☐ YES ☐ NO
- Please Describe any **YES** answers: \_\_\_\_\_

### **X. Elbow / Forearm:**

- Have You Ever Suffered An Injury To Your Elbow / Forearm? ☐ YES ☐ NO
- Were Any Diagnostic Tests Performed? (check all that apply) ☐ X-Rays ☐ MRI ☐ CT-Scan ☐ Bone Scan
- Have You Ever Been Hospitalized For An Elbow / Forearm Injury? ☐ YES ☐ NO

- Have You Ever Had Surgery of Any Kind on Your Elbow / Forearm? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Elbow / Forearm Injury? ☐ YES ☐ NO
- Please Describe any **YES** answers: \_\_\_\_\_

#### **X. Wrist, Hand, & Fingers:**

- Have You Ever Suffered An Injury To Your Wrist(s), Hand(s), and/or Finger(s)? ☐ YES ☐ NO
- Were Any Diagnostic Tests Performed? (check all that apply) ☐ X-Rays ☐ MRI ☐ CT-Scan ☐ Bone Scan
- Have You Ever Been Hospitalized For A Wrist, Hand, and/or Finger Injury? ☐ YES ☐ NO
- Have You Ever Had Surgery of Any Kind on Your Wrist, Hand, and/or Finger(s)? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Wrist, Hand, and/or Finger Injury? ☐ YES ☐ NO
- Please describe any **YES** answers: \_\_\_\_\_

#### **XIII. Hip / Groin:**

- Have You Ever Suffered An Injury To Your Hip / Groin (*including hernias and/or sports hernias*)? ☐ YES ☐ NO
- Were Any Diagnostic Tests Performed? (check all that apply) ☐ X-Rays ☐ MRI ☐ CT-Scan ☐ Bone Scan
- Have You Ever Had Surgery For A Hip / Groin Injury? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Hip and/or Groin Injury? ☐ YES ☐ NO
- Please describe any **YES** answers: \_\_\_\_\_

#### **XIV. Thigh / Hamstring / Quadriceps:**

- Have You Ever Suffered An Injury To Your Thigh, Hamstring, and/or Quadriceps? ☐ YES ☐ NO
- Were Any Diagnostic Tests Performed? (check all that apply) ☐ X-Rays ☐ MRI ☐ CT-Scan ☐ Bone Scan
- Have You Ever Been Hospitalized For A Thigh, Hamstring, and/or Quadriceps Injury? ☐ YES ☐ NO
- Have You Ever Had Surgery For A Thigh, Hamstring, and/or Quadriceps Injury? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Thigh, Hamstring, or Quadriceps Injury? ☐ YES ☐ NO
- Please describe any **YES** answers: \_\_\_\_\_

#### **X. Knee / Patella:**

- Have You Ever Suffered An Injury To Your Knee and/or Patella (kneecap)? ☐ YES ☐ NO
- Were Any Diagnostic Tests Performed? (check all that apply) ☐ X-Rays ☐ MRI ☐ CT-Scan ☐ Bone Scan
- Have You Ever Been Hospitalized For A Knee and/or Patella Injury? ☐ YES ☐ NO
- Have You Ever Had Surgery For A Knee and/or Patella Injury? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Knee / Patella Injury? ☐ YES ☐ NO
- Have You Ever/Do You Presently Wear A Knee Brace? ☐ YES ☐ NO
- Please describe any **YES** answers: \_\_\_\_\_

#### **XVI. Ankle / Lower Leg:**

- Have You Ever Suffered An Injury To Your Ankle / Lower Leg? ☐ YES ☐ NO
- Were Any Diagnostic Tests Performed? (check all that apply) ☐ X-Rays ☐ MRI ☐ CT-Scan ☐ Bone Scan
- Have You Ever Been Hospitalized For An Ankle / Lower Leg Injury? ☐ YES ☐ NO
- Have You Ever Had Surgery For An Ankle / Lower Leg Injury? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To An Ankle / Lower Leg Injury? ☐ YES ☐ NO
- Do You Presently ☐ Tape Your Ankle(s) ☐ Use Ankle Brace(s) ☐ Other
- Please describe any **YES** answers: \_\_\_\_\_

**X. Foot / Toes:**

- Have You Ever Suffered An Injury To Your Foot / Toe(s)? ☐ YES ☐ NO
- Were Any Diagnostic Tests Performed? (check all that apply) ☐ X-Rays ☐ MRI ☐ CT-Scan ☐ Bone Scan
- Have You Ever Had Surgery For A Foot / Toe Injury? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To An Foot and/or Toe Injury? ☐ YES ☐ NO
- Please describe any **YES** answers: \_\_\_\_\_

**XXI. Dermatological:**

- Do you have any skin problems that we should be aware of (e.g. itching, rashes, acne, warts, eczema, fungus, etc.)? ☐ YES ☐ NO
- Have you ever been under the care of a dermatologist for any condition? ☐ YES ☐ NO
- Have you ever been advised not to participate in athletic activities due to a skin condition? ☐ YES ☐ NO

Please Describe any YES answers: \_\_\_\_\_

**XX. Medical Testing**

- Have You Ever Been Diagnosed With A Communicable Disease (e.g. STD, HIV, Hepatitis A, B, or C, Herpes Simplex, Syphilis, Tuberculosis)? ☐ YES ☐ NO
- Please Describe \_\_\_\_\_

**XXII. Prescription Medications:**

- Please List **ALL** Prescription & Over-the-Counter Medications That You Are **CURRENTLY** Taking or **Have Taken** In The PAST Two (2) Years, & For What Purpose:
- | <u>MEDICATION</u> | <u>PURPOSE</u> | <u>DOSAGE</u> | <u>DATE(S)</u> |
|-------------------|----------------|---------------|----------------|
|-------------------|----------------|---------------|----------------|

**XXIII. Supplements / Ergogenic Aids:**

- Please List **ALL** Supplements / Ergogenic Aids That You Are **CURRENTLY** Taking or **Have Taken** In The PAST Two (2) Years, & For What Purpose:
- | <u>SUPPLEMENT</u> | <u>PURPOSE</u> | <u>DOSAGE</u> | <u>DATE(S)</u> |
|-------------------|----------------|---------------|----------------|
|-------------------|----------------|---------------|----------------|

**XXIV. Heat Related Problems:**

- Have You Ever Suffered from a Heat Related Injury? ☐ YES ☐ NO (check all that apply):
- ☐ Heat Cramps- Date(s)? \_\_\_\_\_
- ☐ Heat Syncope (Fainting)- Date(s)? \_\_\_\_\_
- ☐ Heat Exhaustion- Date(s)? \_\_\_\_\_
- ☐ Heat Stroke- Date(s)? \_\_\_\_\_
- Have You Ever Received Intravenous Fluids (IV) or been hospitalized For A Heat Related Problem? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To A Heat Related Injury? ☐ YES ☐ NO
- Please Describe any YES answers: \_\_\_\_\_

**XXV. Diabetic History:**

- Have You Ever Been Diagnosed With Diabetes? ☐ YES ☐ NO
- Date? \_\_\_\_\_



- Are You Presently Taking or Have You Taken Any Diabetic Medications? ☐ YES ☐ NO
- | Medication | Form | Dosage | Frequency |
|------------|------|--------|-----------|
|            |      |        |           |
- Do You Daily Monitor Your Blood Sugar Level? ☐ YES ☐ NO
- How Many Times Per Day? \_\_\_\_\_ What Is Your Average Level? \_\_\_\_\_
- Have You Had Any Hypoglycemic Episodes (low blood sugar) Within The Last Twelve (12) Months? ☐ YES ☐ NO
- Have You Ever Been Advised Not To Participate In Athletic Activities Due To Diabetes? ☐ YES ☐ NO
- Please List Any Precautions That You Take and/or Additional Information Not Mentioned Above: \_\_\_\_\_

#### XXVI. Sickle Cell Anemia:

- Have you ever been tested for Sickle Cell Anemia that you are aware of? ☐ YES ☐ NO
- Date? \_\_\_\_\_ Result? \_\_\_\_\_
- Does any member of your family carry the Sickle Cell Trait / have Sickle Cell Anemia that you are aware of? ☐ YES ☐ NO
- Have you ever been advised that you carry the Sickle Cell Trait / have Sickle Cell Anemia? ☐ YES ☐ NO
- Please Describe \_\_\_\_\_

#### XXVII. For Females Only:

- At what age did you have your first menstrual period? \_\_\_\_\_
- Have you had menstrual periods within the past 12 months? ☐ YES ☐ NO  
If yes, how many? \_\_\_\_\_ When was your most recent menstrual period? \_\_\_\_\_
- What was the longest time between menstrual periods within the past year? \_\_\_\_\_
- Do you have painful or heavy menstrual periods? ☐ YES ☐ NO
- Do you take any medications during your menstrual periods? ☐ YES ☐ NO  
If yes, what? \_\_\_\_\_
- Do you take birth control pills? ☐ YES ☐ NO  
If yes, what brand? \_\_\_\_\_
- Have you ever had any problems with your breasts? ☐ YES ☐ NO
- Have you had a pelvic examination within the last year? ☐ YES ☐ NO

**\*\* Please describe below any further injury information which is knowledgeable to you and not listed on this form. \*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I, the undersigned, hereby acknowledge, affirm, and represent that all statements on pages one (1) through six (6) are true and accurate to the best of my knowledge; and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I understand and acknowledge that my health and physical welfare may be jeopardized as a result and that I may suffer physical harm.*

Student-Athlete Name (Printed): \_\_\_\_\_  
Student-Athlete Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Parent/Guardian Name (Printed): (if athlete under 18 years of age): \_\_\_\_\_  
Parent/Guardian Signature (if under 18 years of age): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Reviewed By:

Reviewer's Signature:

Date:

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP _____ / _____	Pulse _____	Vision R 20/ _____ L 20/ _____	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>			
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>			
Lymph nodes			
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>			
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, linea corporis</li> </ul>			
Neurologic <sup>c</sup>			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>			

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_

MD or DO



ALLEGANY COLLEGE  
of MARYLAND

## SPORTS MEDICINE

### Pre-Participation Student-Athlete COVID-19 Screening

Student-Athlete Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Sport(s): \_\_\_\_\_

*Symptom Checklist: (Please check YES/NO)*

**Prior to your arrival at ACM, at any point since March 15<sup>th</sup> 2020, have you experienced or are you currently experiencing any of the following symptoms:**

Symptom	YES	NO	If YES: Symptom Duration	Additional Information
Fever				
Body Chills				
Extreme Level of Fatigue				
Cough				
Pain/Difficulty Breathing				
Shortness of Breath				
Sore Throat				
Body/Muscle aches				
Loss of Taste				
Loss of Smell				
Changes to Vision/Eye Discharge				

*Additional Questions:*

2-14 days prior to experiencing any of the above symptoms, did you experience a suspected exposure to COVID-19?	YES	NO
Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/or is an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?		
Have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19?		
Prior to coming to Allegany College of MD, did you self-quarantine due to suspected symptoms or exposure of COVID-19?		
Prior to coming to Allegany College of Maryland, were you been living in, or did you visit an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?		
Have you previously been or are you currently diagnosed with COVID-19?		

\*\*\* If previously diagnosed with COVID 19: Date of Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have medical documentation to support your diagnosis/treatment of COVID-19? Y: \_\_\_\_ N: \_\_\_\_

Physician Name: \_\_\_\_\_ Location(Name/City/State): \_\_\_\_\_

Please list any countries/states/cities you have traveled to since March 15, 2020 and the date you were there:

1. \_\_\_\_\_ Dates: \_\_\_\_\_
2. \_\_\_\_\_ Dates: \_\_\_\_\_
3. \_\_\_\_\_ Dates: \_\_\_\_\_
4. \_\_\_\_\_ Dates: \_\_\_\_\_
5. \_\_\_\_\_ Dates: \_\_\_\_\_

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## **Allegany College of Maryland Athletics and NJCAA Region XX Communicable Disease Waiver**

*In consideration of being allowed to participate on behalf of any Region 20 member institution's athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:*

1. Participation in Region XX athletics includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in regard to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official or administrator immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the NJCAA, Region XX and all member institutions, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Student Athlete Name/Staff/Official Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

### **FOR MINOR PARTICIPANTS (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian (Printed): \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_ Date signed: \_\_\_\_\_





### **Allegany College of Maryland Athletics Emergency Contact/Insurance Form**

Athlete Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Sport(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Student's Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### **Emergency Contact Information**

Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Preferred Emergency Contact (Circle One): Mother/Father/Guardian/Other  
If preferred contact other than parent/guardian:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### **Student-Athlete Primary Insurance Information**

Athlete primary insurance information will be used by our Athletic Trainer to facilitate filing ACM secondary insurance forms, scheduling medical appointments with physicians/medical offices, and emergency medical treatment.

Do you possess primary health insurance? **YES** \_\_\_ **NO** \_\_\_

**\*\*If YES, please attach a copy (Front & Back) of Primary Insurance Card\*\***

Policy Holder Name: \_\_\_\_\_ Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group ID Number: \_\_\_\_\_

Does your primary insurance require you to go to certain doctors and/or hospitals? **YES** \_\_\_ **NO** \_\_\_

If yes, please explain: \_\_\_\_\_

Does your primary insurance require a physician referral to be seen by a specialist? **YES** \_\_\_ **NO** \_\_\_

If yes, please explain: \_\_\_\_\_

Athlete Social Security Number: \_\_\_\_\_



**DEPARTMENT OF ATHLETICS ASSUMPTION OF RISK/RELEASE**

**NAME:** \_\_\_\_\_

**SPORT:** \_\_\_\_\_

In consideration of being allowed to participate in any way in the Athletic Department at Allegany College of Maryland (the "College"), and/or related events and activities of the Athletic Department at the College, I, \_\_\_\_\_;

**(Please Print Name)**

1. Acknowledge and fully understand that I will be engaging in activities that involve risk or serious injury, including permanent disability and death, serious neck and spinal injuries, ligament, muscles, tendons and serious injury and/or impairment to other aspects of my body, general health and well-being, and severe social and economic losses which might result not only from my actions, inaction's, or negligence but the actions, inaction's, or negligence of others, the rules of play or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
2. Knowingly and freely assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent or temporary disability, or death. I understand that I must refrain from practices or games during medical treatment until I am discharged from treatment by the team physical and/or certified athletic trainer.
3. Acknowledge and understand that I have been advised by the College and the Office of Athletic Department to obtain a physical examination to determine that I am fit to participate in Athletic Department activities and to procure health and accident insurance to cover the costs incurred from injuries I may sustain as a result of my participation in Athletic Department activities. I understand that having passed the physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify me.
4. On behalf of myself and my heirs, executors, administrators and assigns, voluntarily assume all risks of loss, damage, illness or death that I may sustain while participating in College or Athletic Department activities, and in consideration of the right to participate in such programs, including but not limited to trying out, practicing and/or playing/participating in the Athletic Department program, I agree to refrain from instituting any claim, demand, action or cause of action for damages, costs, restitution or compensation against the State of Maryland, the Board of Regents of the College of Maryland System, Allegany College of Maryland, the College Department of Athletics, and their respective officers, agents, coaches, volunteers or employees (individually and collectively referred to as the "Released Parties"), for any injury or loss which may occur as a result of participation in College Athletic Department activities including but not limited to related travel, lodging, social/recreational activities.
5. On behalf of myself and my heirs, executors, administrators, and assigns, release, waive, discharge and covenant of, claims and demands of whatever nature, liabilities, losses or property, arising out of, as a result of, in any way relating to or arising from, and/or by reason of my participation in College or Athletic Department activities, including but not limited to losses or damages resulting from the negligence of the Released Parties.
6. I also understand that Allegany College of Maryland retains the right to use for publicity and advertising, photographs and video taken of participants at the discretion of the Athletics Department.
7. I understand and accept the risks of possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza, and COVID19. By signing below, I pledge to do my best to reduce

these risks by following rules and personal discipline, and acknowledge that risk of serious illness and death exists. I knowingly and freely assume all such risks, both known and unknown, and release and hold harmless the NJCAA, Region XX, MD JUCO, ACM, and all member institutions, officers, officials, employees, other participants, and constituents, with respect to any and all illness, disability, death, or loss or damage to person or property to the fullest extent permitted by law.

8. Have read and understand the consent of this Assumption of Risk and Release and sign voluntarily.

**Name of Student-Athlete (Please Print):** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Student-Athlete**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Date**

**\*\*If student athlete is under the age of 18, a parent/guardian of this student must sign this Assumption of Risk/Release\*\***

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**





## **Allegany College of Maryland Insurance and Treatment Consent Acknowledgement**

### Primary Health Insurance

Every student athlete at Allegany College of Maryland is strongly encouraged to carry primary medical insurance while participating in intercollegiate athletics. Allegany College of Maryland, the NJCAA, Region XX, and the Maryland JUCO Conference do not provide nor require medical insurance for students engaged in any Allegany College of Maryland co-curricular activities, including intercollegiate athletics, and are not responsible in any way for insurance coverage or medical costs incurred for any injury resulting from my participation in intercollegiate athletics at Allegany College of Maryland. Due to the inherent nature of physical injury, including permanent disability and death within intercollegiate athletics, it is in the best personal, physical, financial, and emotional interest of each athlete to carry and fund their own personal insurance.

### Secondary Health Insurance

1. Allegany College of Maryland currently offers secondary health insurance coverage for all student-athletes. Rostered ACM student-athletes are automatically enrolled with no charge to the student-athlete. The secondary insurance is designed to offset some of the cost that your primary insurance does not cover. This excess policy only covers athletes for athletic injuries that occur during their competitive season during ACM sanctioned practices/competitions. As this is meant to serve only as an excess policy, do not assume that all medical bills will be covered under this secondary insurance. The balance of all medical bills will be the responsibility of the student-athlete/parent.
2. *In the event of injury*, ACM athletes must inform the Athletic Trainer in a timely manner. For those athletes requiring medical referral outside of ACM medical care or requiring emergency medical treatment, the Athletic Trainer must be notified in order to begin the claims process with ACM's secondary insurance. This will require 3 things from the athlete:
  - I. An initial claim form request- To be filled out by the Athletic Trainer
  - II. Primary Insurance Explanation of Benefits
  - III. All Itemized bills/provider invoices that apply to the injury. This will be a CMS-1500 (HICF) or UB04 form from the Primary Insurance Provider. Account statements or "balance due" statements are helpful, but do not contain all the information needed to process the charges.
3. The ACM athletic department provides assistance for preparing and filing claims, but ACM personnel are not insurance agents, experts, or parents. Also, any athlete seeking a second opinion outside of the recommendations provided by ACM Sports Medicine Staff or pre-existing injuries will not be covered by the secondary insurance plan and therefore all medical costs incurred will be the full responsibility of the student-athlete.

### Pre-Participation Physical

As a rostered student-athlete at Allegany College of Maryland it is required that you have a Pre-Participation Physical Examination performed by your Primary Care Physician prior to participation in athletics to be medically



eligible. Each athlete will also be required to complete the Pre-Participation COVID-19 Screening Form as well as Concussion History Form. Any athlete that has previously tested positive for COVID-19 is advised to also have an EKG, at a minimum, as part of their clearance for athletic participation. This is in accordance with recommendations that cite an increased incidence of cardiac issues following COVID-19 diagnosis for weeks or even months, post-infection. Any athlete that was previously hospitalized due to COVID-19 will require a clearance letter from the attending physician prior to participation as well as a cardiology assessment including an EKG.

#### Consent to Treat

1. Permission is hereby granted to the Allegany College of Maryland Athletic Trainer and ACM athletics staff to proceed with any medical or first aid treatment including hospitalization for any athletic injuries for the below named participant. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made to contact me in the most expeditious manner possible. In the event that I cannot be reached, the treatment necessary for the best interest of the above-named participant may be given. If the athlete is a minor, the undersigned parent grants permission to the sports medicine staff to hospitalize and secure treatment for my son/daughter.
2. I understand and accept the risks of injury, permanent disability, and death that are inherent in the sport(s). By signing below, I pledge to do the best to reduce these risks by keeping in the best possible condition and following the advice of the team physician, attending physician, certified athletic trainer, strength and conditioning coach, and coaching staff concerning the prevention, treatment, and rehabilitation of athletic injuries.

**I, the undersigned, have read and understood the preceding medical policy statement and agree to follow its procedures and hereby give consent.**

Student-Athlete Name(Print): \_\_\_\_\_  
Signature of Student-Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*If student athlete is under the age of 18, a parent/guardian of this student must sign this Insurance and Treatment Consent.\*\***

Parent/Guardian Name (Print): \_\_\_\_\_  
Signature of Parent/Guardian (if athlete under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

## Allegany College of Maryland Release of Information

FERPA (Family Educational Rights Privacy Act) does not allow a College or its employees to release certain information to third parties – including parents – without *either* written permission from the student *or* a recognized exception to the [federal] law such as an emergency.

**I give Allegany College of Maryland permission to release the information indicated below. I understand that the College may decline to release requested information if such release is deemed contrary to the interests of the College, its employees, or other students. This release applies only to MY records.**

**Student** \_\_\_\_\_ **ID#** \_\_\_\_\_

Person(s) to whom Information may be released:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Today's Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

This release expires in **one day** OR **one month** OR **one semester** OR **one year** (Circle *one* option!)

### **RECORDS TO BE RELEASED:**

☐ Any information possessed by Allegany College of Maryland.

**OR** (check only the information you want released):

- ☐ Disciplinary Records
- ☐ Housing records
- ☐ Admissions/Registration Records
- ☐ Grades
- ☐ Other academic information (eg., class performance, attendance, etc.)
- ☐ Financial Aid
- ☐ Work-Study/employment
- ☐ Other financial records (eg., tuition, fees, balances, fines, etc.)
- ☐ Other (specify): \_\_\_\_\_

*I understand that I have the right not to sign this Release and that my records will remain completely confidential in accord with the Family Education Rights and Privacy Act. No one unduly pressured or forced me to sign this Release.*

*\*To be valid, this document must be signed either in the presence of a College official or a licensed notary.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
College Official **OR** Notary Signature

# F. E. R. P. A.

FERPA stands for the Family Educational Rights & Privacy Act; it is federal law enforced by the Department of Education which requires institutions of higher learning to do certain things and forbids other things. Non-compliance with FERPA jeopardizes a college's financial aid funding and exposes the institution and the individual to liability if the student whose rights are violated sues. Allegany College of Maryland has a FERPA policy (see the Student Handbook); we fully comply with federal law. ***Generally, a student must sign a release\* before information can be shared – even with a parent.***

**Exception:** information *may* be shared among College officials.

**Exception:** information *may* be released in an emergency.

**Exception:** information *may* be released to law enforcement.

**Exception:** information *may* be released to a parent who claims the student on his/her income taxes.

**Exception:** directory information may be shared with any person

Note that this release is *permitted but not required*; there are often good reasons for not releasing information such as the student's safety, a pending investigation, the inclusion of other students' information, and developmental goals for the student (eg., independence, responsibility). Read the entire policy and definitions for more information. Director information includes student name, address, whether the student is or is not registered, full time/part time status, and field of study.

**\*A standard release form may be obtained in the Office of Student & Legal Affairs.**

It is the student's decision whether to sign the release, and it must be signed in front of a College official or a notary. Students have the right to see their records.

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# Allegany College of Maryland

## COVID-19 CONSENT & WAIVER AGREEMENT

### HIGH EXPOSURE ACTIVITIES

#### PURPOSE:

*Due to global, national, and local public health concerns. Allegany College of Maryland (hereinafter "Allegany") recognizes that some of its activities, services programs, learning experiences, and recreation (hereinafter collectively referred to as "activities") inevitably present a higher risk of transmission of contagious illnesses because of proximity to others, travel, and/or the inherent risk of the activity itself. Students who participate in high exposure activities risk infection for illnesses such as Covid-19. Before participating, it is important for each student to know the risks, to be aware of safety precautions, to agree to comply with institutional standards/directives, and to make an informed decision whether to participate. Allegany is not liable for the student's choice whether to participate in these activities.*

#### COVID-19 INFORMATION

COVID-19 is a disease caused by a respiratory virus first identified in Wuhan, Hubei Province, China in December 2019. COVID-19 is a new virus that hasn't caused illness in humans before. Worldwide, COVID-19 has resulted in thousands of infections, causing illness and in some cases death. Cases have spread to countries throughout the world, with more cases reported daily.

COVID-19 is thought to be able to spread like the cold or flu through:

- Coughing and sneezing, which creates respiratory droplets
- Close personal contact, such as touching or shaking hands
- Touching an object or surface with the virus on it

Symptoms of COVID-19 include:

- Fever
- Coughing
- Shortness of breath or difficulty breathing
- Chills or repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- In more severe cases, pneumonia (infection in the lungs)

The vast majority of people recover from this infection. Most people will have mild or moderate symptoms. Older people and those with pre-existing medical conditions have a greater risk for more serious illness.

Source: <https://coronavirus.maryland.gov/>

All students should familiarize themselves with the transmission, symptoms, treatment of Covid-19. Detailed information is on our website: <https://www.allegany.edu/coronavirus/index.html> with links to local, state, and national resources. The CDC is a primary source for everyone: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

#### SAFETY PRECAUTIONS

##### Students

- Wash your hands frequently  
20 seconds, with soap and water
- Sanitize materials and equipment  
before and after use.
- Do not touch your face.
- Wear a face covering.
- Social Distancing (6 feet)  
Exceptions permitted for labs, clinicals, experiential learning
- Groups <10 or as advised by public health officials
- Wear PPE as directed  
Obtain PPE if your activity does not provide it
- Stay at home if sick or if you have symptoms
- Stay at home if you have been exposed
- Self-isolate or quarantine as directed by health official(s)
- Report exposure as required by health officials and/or clinical/site placement
- Follow other precautions/directives
- Report unsafe conditions to the activity supervisor

##### Allegany

- Comply with local/state/federal public health directives
- Comply with state executive orders
- Create and follow a health/safety plan for Covid-19  
with modifications as necessary for changing circumstances
- Promptly address unsafe conditions
- Sanitize surfaces, materials, and equipment
- Facilitate social distancing and group limits
- Provide guidance and directives as necessary
- Urge all Allegany partners, off-campus sites to similarly implement prevention/mitigation strategies



**HIGH EXPOSURE ACTIVITY BEING CONSIDERED BY STUDENT**\*One form must be completed for each activity

- ☐ Allied Health Program clinical, practicum, or fieldwork (specify program): \_\_\_\_\_  
(labs, competency check-offs, off-campus sites)
- ☐ Education Program field experience: \_\_\_\_\_
- ☐ Hospitality Program internship/practicum: \_\_\_\_\_
- ☐ Science program laboratory: (specify program) \_\_\_\_\_
- ☐ Other program clinical/practicum: (specify program) \_\_\_\_\_
- ☐ Athletics / Team sport (specify sport): \_\_\_\_\_
- ☐ Nurse Managed Wellness Center clinical/practicum \_\_\_\_\_
- ☐ Co-curricular experience w/travel (specify) \_\_\_\_\_
- ☐ Extra-curricular experience w/travel (specify) \_\_\_\_\_
- ☐ Willowbrook Woods \_\_\_\_\_
- ☐ Other (specify): \_\_\_\_\_

**STUDENT CERTIFICATION:**

I have read this document and have been given the opportunity to answer questions about my participation in high exposure activity – including any affect my choice not to participate may have on my educational experience at Allegany College of Maryland. I understand the information that has been provided.

I understand that it is my responsibility to consult a qualified health care provider about this information and about my ability to participate in the activity. If I am unable to fully participate in this activity for medically necessary reasons, I understand it is my responsibility to supply documentation from a qualified health care provider *if required*. If I choose to participate without consulting a qualified health care provider or against the provider's advice, I understand that I am assuming any risk knowingly and voluntarily.

I agree to comply fully with the safety precautions listed above, College policies/procedures, and any new precautions or directives that may be issued by ACM, site supervisors, health officials, and/or local/state/federal authorities.

If I choose to participate but then have a change in circumstances or otherwise determine it is in my best interests to participate no longer, it is my responsibility to promptly notify the activity supervisor in writing. Additional documentation or paperwork may be required depending upon the activity. Likewise, I may choose not to participate now but may have the opportunity to participate later.

In consideration for the opportunity to participate in the activity I agree and will not hold Allegany or its agents financially responsible and I release Allegany from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, or injury, including death, that may be sustained by me, arising from the COVID-19, excepting those claims arising from the gross negligence or willful misconduct of Allegany. I agree to indemnify and hold harmless Allegany from and against any loss, liability, damage or costs, including court costs and attorneys' fees, that the Allegany may incur arising from my participation (including travel to/from the activity) and contracting COVID-19, excepting those claims arising from the gross negligence or willful misconduct of Allegany. I agree that the laws of Maryland will govern the interpretation and enforcement of this document including all rights and obligations arising from or relating to this document without regard to conflict of law principles and regardless of where the activity occurs.

Allegany College of Maryland reserves the right to remove me from a course/program if my health/safety or the health/safety of others is endangered.

» Choose one option and sign below:

**I voluntarily choose to participate in the activity:**

Student Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent signature if student is under 18 years of age: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**I voluntarily choose NOT to participate in the activity:**

Student Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Allegany College of Maryland

## Student-Athlete Standard of Excellence



### **Philosophy**

Membership on an athletic team at Allegany College of Maryland is considered a privilege. In order to maintain that membership, student-athletes are expected to demonstrate good sportsmanship, honesty, integrity, and respect for others, as well as abide by all college policies, team rules, the rules and policies of the NCAA, NJCAA, and the MDJUCO, in addition to state and federal laws.

Student-athletes, as representatives of the college, are among the most visible students on campus and in the community. Because of America's fascination with sports, and those who play, a unique platform exists to be a role model, mentor, or spokesperson. The college, the athletic program, and the student-athlete benefit from this exposure. However, this platform brings with it a set of privileges and responsibilities. Personal deportment of student-athletes, both on and off campus, becomes public knowledge.

To this end, the Athletic Department has adopted a standard of excellence and behavioral expectations for all student-athletes at Allegany College of Maryland. A balanced student-athlete will be a responsible citizen, who achieves academically and performs athletically. Violation of this standard of excellence is a significant event and calls for corrective action.

### **Responsible Citizenship**

One of the primary purposes of a college is to educate young men and women to be responsible and productive citizens of good character. Character is knowing what is right (awareness), committing to what is right (attitude), and doing what is right (behavior). Good character is knowing of, caring about, and acting upon the ethical values of respect and responsibility for oneself and others, plus important derivative values such as fairness, honesty, trust, decency, and compassion. It means having personal integrity and possessing the will, the courage, the determination, and the persistence to do the right thing despite pressures and temptations to the contrary.

The Athletic Department firmly believes that good character is necessary for athletic excellence. Accordingly, student-athletes are expected to:

- Abide by all government laws, college regulations, Athletic Department rules
- Accept personal responsibility, exercise good judgment and self-discipline on and off the playing field/court and on and off campus
- Take seriously the duty of being a good role model, including prudent personal associations, and exerting a positive influence on others --- especially young people
- Honorably represent oneself, one's team, and the college by exhibiting pride in dress and behavior while playing in and traveling to and from sports events
- Present a positive and respectful demeanor at all times on and off the campus
- Present a positive and respectful demeanor of themselves and the athletic programs, and College on social media.
- Show respect for all members of the college and community
- Treat people with civility and cooperate with the people in authority
- Refrain from and be intolerant of physical abuse, harassment, and intimidation
- Demonstrate responsible citizenship and good sportsmanship

The college is proud of its well-earned reputation as a high quality regional institution of higher education and is resolute about protecting its integrity. Student-athletes will be held accountable for conduct that is detrimental to the College and the Athletic Department. This means that one shall not embarrass, disgrace, or discredit Allegany College of Maryland.

### **Academic Responsibilities**

In keeping with the mission of the college, a priority for the Athletic Department is to augment and support every effort that will foster intellectual development and graduation for student-athletes. While several levels of support exist at the college, the ultimate responsibility for success rests upon the shoulders of the student-athlete. As a result, each student-athlete is expected to:



- Set a primary goal of obtaining a degree
- Seek assistance from instructors and Athletic Staff before and/or when academic difficulties occur
- Be a responsible member of each class, which includes attending, being prepared, completing requirements, and participating at the level expected of all students
- Meet with the academic advisor and academic staff as required
- Adhere to the college's policies regarding academic integrity and honesty
- Participate in diagnostic testing as required by Academic Services or the Athletic Department
- Participate in the Specialized Student-Athlete Advising Plan.

### **Athletic Responsibilities**

As athletic ambassadors of the college, student-athletes are expected to:

- Behave with dignity, respect, and proper etiquette before (pregame, announcements, and national anthem), during, and after athletic contests.
- Conduct themselves with honesty and good sportsmanship during games and competition
- Reflect the high standards of honor and dignity that should characterize participation in competitive intercollegiate athletics
- Conduct themselves in a manner reflecting positively on themselves and on the reputation of the college, both on and off the "field of play," in pre-game and post-game comments, and when traveling and participating at other institutions
- Maintain an attitude of respect towards opponents
- Look for ways to encourage and appreciate quality play and effort, regardless of whether it is exhibited by a teammate or an opponent

As members of an athletic team representing Allegany College of Maryland, student-athletes are expected to:

- Adhere to applicable NCAA rules and policies as addressed in the NCAA Student-Athlete Statement.
- Adhere to all MDJUCO rules and policies governing student-athlete conduct and behavior
- Comply with individual sport team rules, as established by the Head Coach and/or the Athletic Department
- Adhere to their particular team's dress code, nutritional needs, and curfew

While intense and emotional game action and conduct is certainly a part of intercollegiate athletic contests, a student-athlete should never demean the dignity and individuality of the opponent. To this end, student-athletes are expressly prohibited from engaging in the following behavior at any intercollegiate athlete events:

- Inappropriate behavior with the intent to demean opponents, game officials, and fans
- Disrespectful attitude toward opponents, game officials, or fans
- Inciting crowd hostility
- Vulgar language and/or gestures

### **Health and Medical Responsibilities**

Participation in athletics is contingent upon medical approval by the Athletics Team Physicians and the Sports Medicine staff. Student-athletes are recommended to show evidence of proper medical insurance and provide a current medical history for the Sports Medicine staff and/or Team Physicians. Participation in all department-sponsored student enhancement seminars or functions, which may include but are not limited to; counseling, drug testing, drug education, nutrition and alcohol education is required. Student-athletes are expected to keep themselves in top physical condition and are responsible for continuing training program prescribed by medical and coaching staff.

Alcohol consumption is highly discouraged at all times. Maryland state law sets the minimum age for the purchase and drinking of alcoholic beverages at 21 years of age. Underage drinking is a violation of the Student Code of Conduct and the Student-Athlete Standard of Excellence. Student-athletes are prohibited from drinking alcoholic beverages whenever appearing as official representatives of the college for athletic competition (including travel time), community and public service events (all sports contests, recognition banquets, speaking to youth groups, participating or presiding at camps/clinics, visiting hospitals, and any other event affiliated with the Athletic Department or college).

The use of illegal and/or “performance enhancing” drugs is totally inconsistent with the purpose of intercollegiate athletics and creates a danger to the health and safety of student-athletes and their teammates. The Athletic Department will not tolerate the use of those products. Violations of this policy are subject also to those guidelines set forth in the department's drug education and screening program.

### **Compliance Responsibilities**

Student-athletes must participate in all mandatory educational programs, and assist the Department of Athletics administration by providing information regarding certification of eligibility and NCAA compliance issues whenever sought. Information on automobile registration, summer and academic employment is to be filed with the Compliance Coordinator.

- Student-athletes should be aware that they are prohibited under NCAA rules from receiving extra benefits
- It is an express violation of NCAA rules for a student-athlete to solicit or place a bet on any intercollegiate athletic team, to accept a bet on any team representing the college, to alter performance or to provide information benefitting individuals involved in organized gambling activities or intercollegiate athletic competition
- Student-athletes are responsible for notifying the Compliance Coordinator if they know of, or suspect, the violation of NCAA rules by self, a teammate, a coach, a member of the athletic staff, or any other person.
- The abuse (inappropriate awarding or sale) of a student-athlete's complimentary tickets is a violation of this Standard of Excellence, in addition to possible violation of NCAA rules

Violations of these and any other applicable NCAA or MDJUCO rules will be considered violations of the Student-Athlete Standard of Excellence.

### **Procedures for Handling Violations of the Student-Athlete Standard of Excellence**

Allegations of violation of the Standard of Excellence may come from several sources. In those cases involving MDJUCO and NCAA rules, or legal authorities, the Head Coach, Athletic Director, and the Compliance Coordinator must be notified. The Head Coach is responsible for reviewing the Standard of Excellence violation allegations and determining if a violation occurred. If a serious violation did occur, a report must be filed with the Athletic Director and the Compliance Coordinator. This report will list the pertinent facts, the actions taken or the penalties recommended by the Head Coach.

The Head Coach, subject to review and approval of the Director of Athletics, may bar a student-athlete from participating in team activities for a prescribed period of time for violations of the Student-Athlete Standard of Excellence. This sanction shall be imposed as soon as the Head Coach notifies the student-athlete of the violation, gives the student-athlete a chance to explain what happened, and determines that a sanction is justified after consideration of the student-athlete's statement. The level of progressive discipline is at the discretion of the Head Coach. Disciplinary actions may include, but are not limited to: probation, ineligibility to practice, ineligibility to start in contests, sitting out games, suspension and/or continued suspension from the team, permanent dismissal from the team, and, as provided under NCAA rule, discontinuation or non-renewal of athletic scholarship. In addition, student-athletes may be required to participate in assistance program to address behavioral problems.

The sanction for any violation shall be subject to the review, approval, and/or modification by the Athletic Director.

Athletic actions imposed by the Head Coach and/or Athletic Director are independent of any disciplinary action which may be imposed by the College pursuant of the Code of Student Conduct.

In those cases involving MDJUCO and NCAA violations, the Compliance Coordinator is responsible for the investigation and submission of findings. **IF** it has been determined that a violation has occurred, the student-athlete may be suspended from competition and/or other team activities pending review and resolution of recommended penalties by the Athletic Director.

Any violation of the Standard of Excellence which results in permanent dismissal from an athletic team shall be promptly reviewed by the Athletic Director, and upon request by the student-athlete, the Athletic Director will arrange a hearing to appeal with the Athletic Department Faculty and the Compliance Coordinator to examine the nature of the violation and subsequent dismissal from the team.



**Athletically Related Financial Aid**

An athletic scholarship is defined by the NJCAA as “any financial assistance awarded to the student athlete from any source b/c of his/her athletic capabilities.” The student-athlete’s letter of intent/scholarship agreement form is prescribed by the NJCAA and is in effect for a period of one academic year, defined as 8/1 to 7/31 [of the following year].

Failure to abide by the Student-Athlete Standard of Excellence or team rules and regulations may be grounds for non-renewal, reduction, or cancellation of athletic aid. Sanctions involving reduction or termination of athletically-related financial aid during the period of the award will be imposed pursuant to the relevant NCAA procedures. Student-athletes will be given written notice of the proposed decision, and will have the right to a hearing before the Athletic Appeal Panel appointed by the President.

Such athletic action is independent of any award by the College’s Financial Aid Office and/or federal Department of Education financial aid regulations.

**Procedures for Dealing with Criminal Violations of Local, State, and Federal Laws**

All sanctions will be commensurate with the severity of the violation as determined by the Head Coach and Athletic Director. In addition, student-athletes may be required to participate in assistance programs to address behavioral problems.

- Charge of Misdemeanor – If charged with a misdemeanor, a student-athlete may be suspended from athletic participation by the Head Coach, pending the Athletic Director’s investigation. Appropriate disciplinary action will be taken which may include such progressive discipline as ineligibility to practice, ineligibility to start in contests, sitting out games, and suspension and/or continued suspension from the team, and dismissal from competition.
- Conviction of Misdemeanor – Once a student-athlete has been convicted of a misdemeanor, the student-athlete will be suspended from his or her team until the Athletic Director or his/her designee determines disciplinary action be taken. The Athletic Director or designee may elect to confer with three-member group of Athletic Department Faculty and Compliance Coordinator appointed by the Athletic Director.
- Charge of Felony- If charged with a felony, a student-athlete will be automatically suspended from athletic participation by the Head Coach, pending the Athletic Director’s investigation. Appropriate disciplinary action will be taken which may include such progressive discipline as ineligibility to practice, ineligibility to start in contests, sitting out games, and suspension and/or continued suspension from the team, and dismissal from competition.
- Conviction of Felony – If convicted of a felony, a student-athlete will be immediately expelled from his or her athletic team. Any appeals of this action will be addressed by the Athletic Department. In cases where a student-athlete is expelled from an athletic team, any remaining athletic aid will be terminated immediately, and the student-athlete shall be notified of his or her right to a hearing before the Athletic Appeal Committee appointed by the President.
- Student-athletes are required to report all violations of law to the Athletic Director

**Student-Athlete Standard of Excellence and the Athletic Department**

The Athletic Department is designed to be a group of individuals with whom the Athletic Director may consult regarding sensitive Standard of Excellence issues. This body may also serve to hear any student-athlete appeals regarding progressive discipline as described above. It is convened by the Athletic Director as needed. In cases dealing with violations of the Standard of Excellence, the role of the Athletic Department is to review relevant information, and on the basis of this information, make recommendations to the Athletic Director. While hearing student-athlete appeals, the Athletic Department will make the final determination. If the Athletic Director is not available, the Dean of Student and Legal Affairs may convene the group.

**Standard of Excellence Duration**

The Student-Athlete Standard of Excellence applies to each student-athlete when s/he signs a letter of intent or is deemed a member of an Allegany College of Maryland athletic team; it continues between semesters and ends when the student graduates, transfers, formally withdraws from the College, or otherwise ceases participation on the team.

**Policy Review**

This policy is subject to review by the Allegany College of Maryland Athletic Department. The frequency of the review will be every three years or as determined by the Athletic Director or his/her designee.

# Allegany College of Maryland

## Student-Athlete Standard of Excellence

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Student-athletes are among the most visible students on campus as well as in the community. Because of America's fascination with sports and those who play, a unique platform exists to be a role model, a mentor, and a spokesperson. The college, the athletic program, and the student-athlete will benefit from this exposure. However, this platform brings with it a set of privileges and responsibilities. Personal deportment of student-athletes, both on and off campus, becomes public knowledge.

As a student-athlete who represents the college in intercollegiate athletic competition, I

- Understand that participation in intercollegiate athletics is a privilege.
- Pledge to demonstrate responsible citizenship, sportsmanship, honesty, integrity on and off the field or court, on the campus, in the local community, and to otherwise represent the college in a manner that brings pride to me and the college.
- Will make the attainment of an academic degree a high priority.
- Will be a responsible member of each class, which includes attending, being prepared, completing requirements, and participating at the level expected of all students in the class.
- Will abide by the rules and policies of the NCAA and the MDJUCO.
- Will abide by all college regulations and policies including those of the residence dining hall, the campus residence halls, the bookstore, the Financial Aid office, and in the parking authority.
- Will abide by all sport-specific team rules, and the rules and policies of the Athletics Department governing student-athlete conduct, which are fully contained in the Student-Athlete Handbook and the Policies and Procedures of the Athletics Department.
- Acknowledge that any violation of the Standard of Excellence will result in appropriate discipline as determined by my Head Coach, the Athletic Director, and/or recommended by the Athletic Department. The process by which this discipline will be administered is fully contained in the Student-Athlete Standard of Excellence.

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**PRINT NAME**                      **(STUDENT-ATHLETE)**

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**STUDENT-ATHLETE SIGNATURE**

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**SPORT**

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**DATE**

## SPORTSMANSHIP

(formerly located in the NJCAA Sportsmanship Code)

Section 1 - General Sportsmanship Expectations: A basic principle of NJCAA athletic competition is to develop and foster respect for fellow participants, coaches, officials and spectators. The NJCAA Sportsmanship Code applies to all athletic events involving NJCAA member institutions, conferences and/or regions. Sport rulebooks may apply rules and regulations that are more restrictive than those found in this section.

- A. Players, coaches and team personnel will recognize their responsibility for proper conduct before, during and after every contest.
- B. Coaches and Athletic Directors will recognize and assume responsibility for the behavior of themselves, players, staff, game management personnel and representatives of the respective NJCAA member institution.

### Section 2 - Ejections

#### A. Violent

##### A.1. Violent behavior is defined as:

- A.1.a. An act in which physical contact or an attempt to make physical contact occurs with the purpose to do damage, harm, intimidate, incite a fight or otherwise injure a player, coach, referee, spectator or game management personnel or damage property.
- A.1.b. Engaging in hostile or abusive language or harassment that refers to race, religion, sex, sexual orientation and national origin and/or other threatening language.
- A.1.c. An act in which any bench personnel other than the head coach (or in the absence of the head coach the acting head coach) leave the bench area or designated warm-up area when a fight may break out or has broken out.
- A.1.d. When dealing with the football targeting rule, if a foul is called, the following will be adhered to as taken from the sport rulebook.
  - A.1.d.i. As targeting is a penalty, it would not be considered a violent ejection, it would be part of the football rules and enforced within the football rulebook. If the foul occurs in the first half of a game, the player is ejected for the remainder of the game. If the foul occurs in the second half or overtime of a game, the player is ejected for the remainder of that game and the first half of the next contest.

##### A.2. Penalties - The following penalties will be assessed if a game official ejects a player, coach, team personnel, staff member, or game management personnel for violent unsportsmanlike behavior:

- A.2.a. Immediate ejection and removal from the venue as defined by sight and sound.
- A.2.b. Mandatory ejection and removal from the venue for any bench personnel other than the head coach who leaves the bench or designated warm up area when a fight may break out or has broken out.
- A.2.c. A two-contest suspension to be served during the next two regularly scheduled or postseason contests. Suspension of a coach or player at the end of a season of play shall carry over to the following season.
- A.2.d. Should a player, coach or team representative receive as their first two ejections, a violent and a non-violent ejection, in any order, they must serve a three (3) contest suspension.
- A.2.e. Should the player, coach or team personnel be ejected for violent behavior a second time during the season, that individual shall be prohibited from participating in athletic contests of that institution for the remainder of the academic year, including postseason play.
- A.2.f. Penalties shall be imposed automatically by the offending institution with suspensions to be in effect for the next two regularly scheduled contests as appearing on the published schedule of the institution at the time of the ejection.
- A.2.g. The referee may end the contest.

##### A.3. Failure to report and/or comply

Failure to report and/or comply will result in:

- A.3.a. For the first occurrence, the penalties will double for the offending participant, with the head coach also serving the doubled portion of the penalty and a letter of reprimand shall be sent to the Director of Athletics and the President of the institution.
- A.3.b. For the second occurrence, the penalties will double, and a sanction of probation shall be given to the offending institution for that sport in that year.
- A.3.c. Games played during the time of failure to report and/or failure to comply with the NJCAA Sportsmanship Code must be forfeited.

#### B. Non-Violent

B.1. Definition - Non-violent unsportsmanlike behavior is defined as profanity, vulgar gestures, trash talking, taunting or abusive language directed at players, coaches, referees, game management personnel and/or spectators. The use of tobacco or alcohol during NJCAA sponsored events is prohibited within this rule.

- B.2. Penalties - The following penalties will be assessed if a game official ejects a player, coach, team personnel, staff member, or game management personnel for non-violent unsportsmanlike behavior:
  - B.2.a. Immediate ejection and removal from the venue as defined by sight and sound.
  - B.2.b. For the first non-violent ejection of the sport season, a one contest suspension to be served during the next regularly scheduled or postseason contest, unless a previous violent ejection was served. Suspension of a coach or player at the end of the season of play shall carry over to the following season. For the second non-violent ejection of the sport season, a two-game suspension shall be served. For the third non-violent ejection of the sport season, a four-game suspension shall be served. Each subsequent ejection will result in a doubling of the suspension previously served.
  - B.2.c. Should a player, coach or team representative receive as their first two ejections, a violent and a non-violent ejection, in any order, they must serve a three (3) contest suspension.
  - B.2.d. Penalties shall be imposed automatically by the offending institution with suspensions to be in effect for the next regularly scheduled contest as appearing on the published schedule of the institution at the time of the ejection.
- B.3. Failure to report and/or comply - Failure to report and/or comply will result in:
  - B.3.a. For the first occurrence, the penalties will double for the offending participant, with the head coach also serving the double portion of the penalty and a letter of reprimand shall be sent to the Director of Athletics and the President of the institution.
  - B.3.b. For the second occurrence, penalties will double, and a sanction of probation shall be given to the offending institution for that sport in that year.
  - B.3.c. Games played during the time of failure to report and/or failure to comply with Article XV, Section 3.A. must be forfeited.
- C. Ejection of the Head Coach: The game shall be terminated, and a forfeit declared if the head coach is ejected and there is no assistant coach or other college staff contractually bound to the institution willing to assume responsibility for the team.

### Section 3 - Non-Collegial Incident

- A. Definition - Any act or incident not in accordance with the NJCAA Sportsmanship Code and or any sportsmanship situation not appropriately ruled on by the game officials in charge of the contest in accordance with NJCAA bylaws. Examples: multiple ejections, bench clearing altercations, post-game altercations, game official(s) in charge of the contest does not allow the contest to be completed in its entirety.
- B. Penalties – Will be administered by the NJCAA National Office on a case by case basis in support of the NJCAA Sportsmanship Code.
- C. Failure to report and/or comply - Failure to report and/or comply will result in:
  - C.1. For the first occurrence, the penalties will double for the offending participant, with the head coach also serving the double portion of the penalty and a letter of reprimand shall be sent to the Director of Athletics and the President of the institution.
  - C.2. For the second occurrence, penalties will double, and a sanction of probation shall be given to the offending institution for that sport in that year.
  - C.3. Games played during the time of failure to report and/or failure to comply with the NJCAA Sportsmanship Code must be forfeited.

### Section 4 – Entering Spectator Area

No player, coach or bench personnel may leave the playing area and enter into the spectator area of the facility to engage in any type of verbal or physical conflict. Penalty for violation of this rule shall be immediate ejection from the contest and suspension from all intercollegiate athletic contests of that institution for the remainder of the academic year including playoffs.

### Section 5 – Reporting

- A. Single Person Ejections – In the case where a single incident resulted in a single individual being ejected, the report must be communicated to the Regional Director by noon the next business day.
  - A.1. The Athletic Directors of the member institutions involved in the contest shall notify, in writing, their respective Regional Director (or designee) following the ejection(s) by noon local time of the first business day following the event. (Note: Reporting procedures must be followed for all regular and postseason competition).
  - A.2. Ejection Reports – Ejection reports of violent ejections will include a written notification to the President with a copy sent to the Athletic Director of the offending college. This notification will be sent by the Regional Director or his/her designee in the region where the college of the offending player or coach resides.



- B. Multiple Person Ejections and Non-Collegial Incidents - In the case of an incident where two (2) or more individuals are ejected, in a single incident, or in the case of a Non-Collegial Incident, the report must be communicated to the NJCAA National Office by noon the next business day.
  - B.1. Game officials do not have to eject players, personnel or a coach to require this report.
  - B.2. The Athletic Directors of the member institutions involved in the contest shall notify, in writing, the NJCAA Executive Director following any incident which involves two or more individuals by noon local time of the first business day following the incident. (Note: Reporting procedures must be followed for all regular and postseason competition).
  - B.3. A copy of the report should be sent to the respective Regional Director in addition to the NJCAA Executive Director.
  - B.4. Details of Report – Multiple Person and Non-Collegial Incident Reports must include a detailed accounting of the following:
    - B.4.a. Date and location of incident
    - B.4.b. Names of individuals involved in the incident
    - B.4.c. Names of schools involved in the incident
    - B.4.d. Specific details of the incident
    - B.4.e. Were there any ejections as a result of the incident? If so, provide details.
    - B.4.f. Is there a video of the incident? If there is a video it should be provided with the report.
- C. Regional Director Reporting Structure for Ejections:
  - C.1. The Regional Director or his/her designee shall keep a record of all ejections in their respective region. The record shall include the name of the person ejected and institution, the date of the ejection, the reason for the ejection and the penalty imposed.
  - C.2. The Regional Director or his/her designee shall supply an end of the year report of the ejections occurring in the Region. The report shall include the number of ejections and the penalties assessed by sport. Copies of the end of the year report shall be given to the Region, the Sport Committee and the Standards and Ethics Committee by June 15 of that academic year.

#### Section 6 – Jurisdiction

- A. Single person ejections - Region Level
- B. Multiple person ejections and Non-Collegial incidents - NJCAA National Office

#### Section 7 – Appeals

- A. Participants in all NJCAA certified sports are subject to the penalties listed for the ejections.
- B. There is no appeal of a game(s) suspension resulting from an ejection by a game official except:
  - B.1. When there is the college's irrefutable game video evidence that the wrong student-athlete(s)/coach(s) was ejected. If the wrong student-athlete(s)/coach(s) was ejected, the penalty will be assessed to the student-athlete(s)/coach(s) in violation and he/she will serve the complete suspension.
  - B.2. All game suspensions will be in effect during the appeals process.
  - B.3. Only the institution of the student-athlete(s)/coach(s) that was ejected can appeal.
  - B.4. The NJCAA National Office will rule on all appeals.
  - B.5. The level of the ejection cannot be appealed (violent vs. non-violent).

#### Section 8 - Game Officials and Game Management Personnel

An act in which verbal abuse, physical contact or an attempt to make physical contact occurs with the purpose to do damage, harm, intimidate, incite a fight or otherwise injure a game official and/or game management personnel will lead to a suspension for a minimum of two games and a maximum of one year.

#### Section 9 – Suspensions

Personnel and athletes suspended under these NJCAA rules shall not be allowed in the facility/gym/field/complex before or during the contest and may not coach or participate before the game, during play, or at half-time. Suspended individuals must remain out of sight and sound of and from the venue while serving a suspension.

- A. Suspended coaches may travel with the team.
- B. Suspended athletes may not travel with the team while serving a suspension.

## **CODE OF CONDUCT FOR ALL NJCAA MEMBER-SPONSORED EVENTS**

(formerly located ARTICLE XVI)

This code of conduct applies to any and all contests/competition in which any NJCAA member college participates. 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 applies to all NJCAA member colleges and its representatives.

### **Code of Conduct**

- A. Coaches and team personnel shall recognize the responsibility for proper conduct at any and all contests/competitions in which any NJCAA member college participates.
- 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, 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 representing the NJCAA or NJCAA member colleges 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 drugs and/or alcohol, tobacco (including but not limited to e-cigarettes, vaping, etc.)
7. Disrespectful attitude toward host hotel personnel
8. Unlawful activities
9. Physical abuse or damage to college property or host hotel property.

### **Derogatory Comments**

- A. Players, coaches and institutional personnel shall not make any derogatory public comments regarding contests, competitions or game officials at any time; in print, broadcast social media, news releases or any other communications where comments may become public. The head coach will be responsible for any derogatory comment made by any player, coach or institutional personnel.
- B. A coach shall not address or permit anyone from making uncomplimentary remarks to any game official before, during, and/or after any and all NJCAA member contests/competitions in which any NJCAA member participates.

### **Reporting**

Violations of the Code of Conduct shall be reported to:

1. To the respective Region Director all regular season and region competition violations.
2. Postseason violations shall be reported to the Executive Director of the NJCAA or his/her designee.

### **Procedures - Immediate Action**

Where immediate action is needed to alleviate or control a situation:

- A. During regular season and/or the Region Tournament competition: The Region Director or Assistant Region Director shall have the authority to act at his/her sole discretion. During District and/or National postseason competition, the Executive Director or his/her 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 his/her designee deems it necessary to protect the equity 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 Region Director or Assistant Region Director during regular season and/or Region Tournament competition and the Executive Director or his/her designee during District and/or National postseason competition 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 Region Director, Assistant Region Director, Executive Director or his/her designee concludes that immediate action is required. The actions of the Region Director or Assistant Region Director during regular season and/or Region Tournament competition and the Executive Director or his/her designee, during District and/or National postseason competition, shall be final and binding but shall be reported to the NJCAA Board of Regents within one (1) week.

### **Penalties - Timely Action**

Reprimand: The Region Director or Assistant Region Director during regular season and/or region tournament competition and the NJCAA Executive Director or NJCAA Board of Regents 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, the President of the institution and the Region Director and/or National Office. Probation, suspension and other penalties: If the misconduct is serious enough, the Region Director or Assistant Region Director during regular season and/or Region Tournament competition and the Executive Director or his/her designee during District and/or National postseason competition 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.