



ALLEGANY COLLEGE
of MARYLAND

Dear Future Trojan,

Thank you for your interest in becoming an ACM Trojan. Please see the participation information below. You must have all required forms listed below completed and returned to the Athletic Director or head coach prior to the beginning of your athletic season. Please understand that you will not be permitted to participate with your team until all forms are on file.

- Athletic Affidavit
Please submit a copy of a government issued form of identification (driver's license, birth certificate, etc.)
- Awareness / Assumption of Risk
- Student-Athlete Standard of Excellence
- FERPA Release of Information
- Team Travel Release
- Athletic Insurance Waiver
- Certification
- Pre- Participation Physical Examination
Must be filled out by physician, physicals are good for one year from date of physical

If you have any questions or concerns, please do not hesitate to contact me at 301-784-5265, or by email at ahigson@allegany.edu.

Sincerely,
Steve Bazarnic
Athletic Director

12401 Willow Brook Road * Cumberland, Maryland 21502
301-784-5264 * www.allegany.edu

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 19th 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

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,

- a. 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.
- b. Knowingly and freely assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent or temporary disability, or death.
- c. 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.
- d. 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.
- e. On behalf of myself and my heirs, executors, administrators and assigns, release, waive, discharge and covenant of, claims and demands of whatever nature, liabilities, loses 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.
- f. Have read and understand the consent of this Assumption of Risk and Release and sign voluntarily.

Signature of Student	Date	Date of Birth	

If student athlete is of minor age (under 18), a parent or guardian of the student must also sign this Assumption of Risk/Release.

Name of Parent/Guardian

Signature of Parent/Guardian Date



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 demeanor at all times on and off the campus
- 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
- 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.

Reviewed: 05/2017

KEEP FOR YOUR RECORDS - SIGN NEXT PAGE AND RETURN

Allegany College of Maryland

Student-Athlete Standard of Excellence

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.

PRINT NAME (STUDENT-ATHLETE)

STUDENT-ATHLETE SIGNATURE

SPORT

DATE

Allegany College of Maryland
R e l e a s e o f I n f o r m a t i o n

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.

F.E.R.P.A. 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 F.E.R.P.A. 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 F.E.R.P.A. 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. Directory 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.

FINANCE GUIDELINES

Insurance
Rev 01/01

07.109.01

RELEASE FOR FIELD TRIP OR ACTIVITY

A waiver/release does not release the College from all liability (i.e. gross negligence). However, it should always be used when we are having people participate in activities that have a higher than normal (what is the usual risk experienced in normal day to day activities) level of risk of injury to themselves or others. With a release the participants are formally made aware of the increased risk to themselves or increased effort required that might result from participation. Therefore the participants can (or may) be held to a different (higher) level of responsibility for themselves and those around them, if an accident happens through no real fault of anybody.

Releases are not always successful, because a court would look to see if the RELEASE was reasonable. Courts scrutinize releases very carefully because they run against the general legal doctrine that a person/college has a duty to act reasonably and responsibly under the conditions of the activity and this duty cannot be contracted away.

THE COLLEGE'S GUIDELINE:

When students or guests of the college are participating in field trips or special activities a RELEASE FORM must be used. All participants in an activity must sign and return a release before the activity takes place. The college department and/or employee who has responsibility for the activity must keep the signed releases as part of the records for that class or activity. All records of a field trip or activity should be kept for a minimum of three years after the activity has taken place or three years after the complete resolution of any incident which may have occurred during an activity or field trip. In case of an accident it will be necessary to provide copies of signed releases to insurance companies.

Attached find a sample format to use in preparing a release for a particular activity. NOTE that before using this SAMPLE FORM a description of the activity for which it is to be used must be added. The description of the activity must identify any special risks which would be associated with the activity or field trip. If attachments to the release are used make reference to the attachments in the release.

If a class has regular planned field trips or activities as part of the class content, it would be appropriate to develop a single blanket release which would cover all of the expected activities for the entire semester. However, any special activity not specifically covered in a blanket release would require a separately signed release.

FINANCE GUIDELINES

Insurance
Rev 01/01

07.109.02

RELEASE FOR FIELD TRIP OR ACTIVITY

Allegany College of Maryland
RELEASE FORM - FIELD TRIPS AND SPECIAL ACTIVITIES

Statement of Release

Activity: _____

Dates: _____

I request permission for myself or my legal dependent to participate in this activity. I understand the nature of this activity including the risks and any requirements or instructions which have been provided. I understand that if I am under a physician's care or I am aware of any health issue, I should obtain my physician's approval before participating. I release Allegany College of Maryland and its employees from liability and responsibility and take full responsibility for personal injury or damage to property that results from an accident or from my own negligence while participating in this activity. I assume liability and responsibility for my own actions while participating. It is understood that neither Allegany College of Maryland nor employees of Allegany College of Maryland will assume liability for injury or property damage at any time during this activity.

Should I or my legal dependent become injured during this activity my permission is given to provide or obtain necessary medical attention.

Description of Activity: YOU DESCRIBE THE ACTIVITY HERE

1. Note any special risks
2. Note any attachments

Participant Name (Print) _____

Signed _____ **Date** _____
Participant

If participant is under 18 years of age:

Parent/Guardian Name (Print) _____

Signed _____ **Date** _____
Parent or Guardian



ALLEGANY COLLEGE of MARYLAND

Athletic Insurance Waiver

Student's Name: _____

Sport: _____

Allegany College of Maryland provides LIMITED secondary medical insurance for injuries sustained while participating in athletics. Medical expenses are the responsibility of the student and/or their families. The College strongly recommends that student-athletes carry their own medical insurance policy.

I, _____, understand that ACM has LIMITED medical insurance for student-athletes and that ACM may not be responsible for my medical expenses. My signature below indicates that I have read and I understand the message and I accept my responsibilities.

Signature of Student

Date

Co-Signature of Parent or Guardian
(if student is under the age of 18)

Date

_____ *I DO HAVE MEDICAL INSURANCE*
(Please Initial)

_____ *I DO NOT CURRENTLY HAVE MEDICAL INSURANCE*



ALLEGANY COLLEGE
of MARYLAND

CERTIFICATION

I have filled out this packet truthfully and to the best of my knowledge. I understand that providing false information provided will impact my athletic eligibility at Allegany College of Maryland and possibly any other transfer institution.

I understand that failure to provide any information requested releases Allegany College of Maryland (ACM), the College-wide Student Activities Office, the Athletic Training Staff and consulting physicians from legal responsibility regarding recurrences or complications of any conditions not listed here.

SIGNED: _____ DATE: _____
ACM Student-Athlete

RECEIVED BY: _____ DATE: _____
ACM Head Coach

SIGNED: _____ DATE: _____
Signature of Parent/Legal Guardian

If athlete is under the age of 18 this must be signed

Preparticipation Physical Evaluation HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answer to.

GENERAL QUESTION 1	Yes	No	MEDICAL QUESTION 1	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicines?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTION 1 ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTION 1 ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 55 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy , long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTION 1	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or a thoracic instability? (Dow's syndrome or Marfan)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALE ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete

Signature of parent/guardian

Date

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8-2009-10410

Figure A. Preparticipation evaluation history form.

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic disorders ?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Sickle cell anemia		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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eFigure B. Preparticipation evaluation supplemental history form.

■ 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
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, curvature , myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Legs			
Abdomen			
Genitourinary (males only) ¹			
Skin • HSV lesions suggestive of MRSA, free sores			
Neurologic ²			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

- ~~Consider~~ ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
- ~~Consider~~ GU exam if in private setting. Having third party present is recommended.
- ~~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 good,~~ ~~if a~~ ~~rise~~ 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

■ Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

- 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

EMERGENCY INFORMATION

Allergies _____

Other information _____

Figure D. Preparticipation evaluation clearance form.