Student Athlete Sports Medicine Packet for Returning CSM Athletes

Instructions:

1) The information in this packet is for College of Southern Maryland Athletics. Please complete all of the enclosed forms. They must be returned to CSM Athletics Department by:
   □ Fall Sports (MSOC, WSOC, Volleyball): July 20th, 2015
   □ Winter Sports (MBB, WBB): August 14th, 2015
   □ Spring Sports (Baseball, Softball, MLax, Golf): August 28th, 2015

2) Please use an ink pen (not a pencil) when completing these forms.

3) A completed sports medicine packet includes the following, and must be complete in order to participate in any practice. If you are missing any of the information you will not be allowed to participate, until the completed packet is turned in.
   □ Eligibility Affidavit
   □ Medical History (Please review with your parent/guardian)
   □ Physical (Performed and signed by an MD, DO, CRNP, or PA)
   □ Statement of Informed Consent
   □ Student Athlete Code of Conduct
   □ Copy of Insurance Card (Front and Back copy)
   □ NJCAA now requires an Official High School transcript to be on file, so please check to make sure you have this on file with the Athletic office.

4) Return Forms to:
   □ You can turn your forms into Sarah Williams (PE 207C) or Nick Williams (PE207B) in the Athletics Department, located in the PE building on the La Plata Campus. Or
   □ You can mail them in to

   Attention: CSM Athletics Department
   PO Box 910
   La Plata, MD 20646-0910

   • Please note: If the student athlete is considered a minor, the signature of a parent/legal guardian is required.
   • Final note: If the student athlete requires the use of some form of medication unique to him/her (that is, an asthma inhaler, an epi-pen), please bring an extra one to be placed in the training kit to be used as a back-up in emergency situations.
COLLEGE OF SOUTHERN MARYLAND
INTERCOLLEGIATE ATHLETICS
ELIGIBILITY INFORMATION

SPORT: ___________________________ MALE / FEMALE DATE: ____________

The following information is required for each student athlete.

Name: ___________________________ (First, Middle, Last)

Date of Birth: ________________    College I.D. #: __________________________

Seasons of Participation:  First Year ________________    ☐ Second Year

High School Graduation Date (month/year):________________________

High School Attended: ________________________________________

(Name, City, State & Country)

GED: ☐ Yes ☐ No    GED Date Earned (month/year)____________________

Date of Initial College Enrollment:____________________

Transfer Student: ☐ Yes ☐ No    If yes, from where ________________________

Office Use Only

<table>
<thead>
<tr>
<th>NJCAA Online Eligibility</th>
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<tr>
<td>First Name</td>
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Notes: ________________________

Art. V Sec. 4e4
NJCAA Eligibility Affidavit

SPORT: ___________________________ Date: ______________

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

Personal Information:
Name: ___________________________________ Birth Date: __/__/____ ID Number: __________________________
(First, Middle, Last)

Student’s College Address:
Street Address: __________________________________ City, State, Zip Code: ____________________________

Phone Number(s) at College: __________________________ Email Address: ____________________________

Other Information:
Parent’s Home Address:
Street Address: __________________________________ City, State, Zip Code: ____________________________

Phone Number: __________________________ Parents’ Names: _____________________________________________

Foreign Born Students:
Do you have an I-20 Form on file at this college? Yes _____ No _____

High School Information:
Name of High School(s) you have attended: ___________________________________________________________

City, State & Country: __________________________________________________________

Did you graduate?: Yes* _____ No _____ High School Graduation Date (month/date/year): __/__/____

Were you home schooled? Yes _____ No _____ Did you graduate? Yes* _____ No _____

Check here if you have earned a *GED or state department of education approved high school equivalency test
Yes_____ No_____ If yes, enter the date earned (month/date/year): ___/___/____

* Enclose a COPY of your High School Transcript, and GED Certificate or state department of education approved
high school equivalency test (if applicable).

Additional Information:
1. Did you take any college credit classes while in high school? Yes* _____ No _____
   * If yes, from what college(s)? ____________________________________________
   * If yes, those transcript(s) from each college must be on file at this college.

2. Have you ever signed a Letter of Intent form with any institution? Yes _____ No _____
   If yes, specify the College: ___________________________ Date (day/month/year): ___/___/____

3. 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: ________________________________________________________________

4. 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. __________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

(Page 2 - NJCAA Eligibility Affidavit Continued)
5. Have you ever participated in practices, scrimmages, and/or games for an intercollegiate team other than this college? Yes _____ No _____
   If yes, name the school, date, sport, and describe the situation. ________________________________________________________________

6. Have you ever played on a club team at a college or university? Yes _____ No _____
   If yes, name the school, sport and dates. ____________________________________________________________

7. 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 participation.
   ________________________________________________________________

8. Have you ever received money beyond expenses for participating in any athletic event? Yes _____ No _____

   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.
   ________________________________________________________________

List ALL Colleges Attended Full-Time and/or Part-Time after High School
All transcripts from all previous institutions must be included.

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)

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

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.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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: ___________________________

Coach Signature: ___________________________ Date: ___________________________
College of Southern Maryland
Student-Athlete Medical History & Pre-Participation Examination

NAME ____________________________ College ID # ______________________ AGE ______ DATE OF BIRTH ________
Last Name First Name Middle Name
Sex (Male or Female): _______________ SPORT(S) ____________________________
LOCAL ADDRESS _______________________________ LOCAL TELEPHONE # ____________
Street City State Zip
In case of an Emergency notify Name: ___________ Phone Number: ____________ Relationship: __________________

PERSONAL HEALTH HISTORY
PLEASE COMPLETE PRIOR TO EXAMINATION. Check the appropriate answer for each question. (All questions must be answered)

Has your doctor told you that you have:

Allergies: _______________ Yes _______________ No

Penicillin: _______________ Yes _______________ No

Sulfa Drugs: _______________ Yes _______________ No

Bee Stings: _______________ Yes _______________ No

Aspirin: _______________ Yes _______________ No

Other: _______________ Yes _______________ No

Mumps: _______________ Yes _______________ No

Anemia: _______________ Yes _______________ No

Epilepsy/Seizures: _______________ Yes _______________ No

Asthma: _______________ Yes _______________ No

Mononucleosis: _______________ Yes _______________ No

Pneumonia: _______________ Yes _______________ No

Head Injury: _______________ Yes _______________ No

Kidney problems: _______________ Yes _______________ No

Contact Lenses: _______________ Yes _______________ No

Eye Glasses: _______________ Yes _______________ No

Bullia: _______________ Yes _______________ No

Are you taking medication (include inhalers):

Circle One

Bladder disease
Diabetes
Sickle Cell Anemia
Scarlet Fever
Chest Pain/Pressure
Shortness of Breath
Chicken Pox
Diabetes/Seizures
Mononucleosis
with unconsciousness
Joint Injury/disease
Dental appliance

Concussion
Heart Murmur/Disease
Rheumatic Fever
High Blood Pressure
Low Blood Pressure
Measles (Red)
Measles (German)
Tuberculosis

Yes
No
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No

Other:

Circle One

Appendectomy
Tonsillectomy

Yes
No

Yes
No

Hernia Repair
Knee
Shoulder

Yes
No
Yes
No
Yes
No

If you answered “YES” to any of the above questions and/or have any further information, which is knowledgeable to you and not required on this form, please explain in detail below (use additional sheet(s) if necessary):

____________________________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________________________

I, the undersigned, hereby acknowledge, affirm, and represent that all the above statements 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 acknowledge that my health and physical welfare may be jeopardized and therefore hold the College of Southern Maryland and its agents blameless for any previous medical condition I may have. This physical is for no other purpose than to clear me for athletic participation at the College of Southern Maryland and I understand it is a requirement in order for me to practice, workout, or otherwise participate as a rostered member of any College of Southern Maryland athletic team. All information contained herein is protected unless written consent is given to share same and only as is reasonable and necessary for my medical care.

Student-Athlete Signature ____________________________ Date ____________ Parent/Guardian Signature ____________________________ Date ____________

INSURANCE COMPANY ____________________________ POLICY# ____________ GROUP# ____________ Is this an HMO? Y N
NAME OF POLICY HOLDER ____________________________ INS ADDRESS ____________________________ PH# ____________
Student Athlete

Date of Exam _____ / _____ / ______

Measurements and Vital Signs:

Height: __________ Weight: _______________ Blood Pressure: ___________ / _______________ Pulse: _______________

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<thead>
<tr>
<th>Physical Exam (to be completed by the physician)</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
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<tr>
<td>Heart / Cardiovascular</td>
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<td>Pulmonary / Lungs</td>
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<td>Abdomen / Gastrointestinal</td>
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<td>Eyes, Ears, Nose and Throat</td>
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<td>Musculoskeletal Review</td>
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<td>Other</td>
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Recommendations / Comments: ______________________________________________________

Status:  

☐ Cleared without restrictions  
☐ Cleared with restrictions  
☐ Not Cleared/Further Evaluation Needed- _________________________________________

Physician’s Signature ____________________________  Physician’s Address _______________________

Physician’s Printed Name __________________________  Physician’s Phone Number ___________________
Statement of Informed Consent, Assumption of Risk, and Release

Name ___________________________ Student ID # _______________________

By signing this statement, I express my desire to compete in intercollegiate athletics at the College of Southern Maryland, and acknowledge and affirm the following:

I understand that participation in intercollegiate athletics involves inherent risks of injury, and that the nature of the risks may vary depending upon the type of activity and my own physical condition and conduct. I also understand that it is not possible to specifically list each and every individual risk, but that most activities may involve risks associated with strenuous exercise, as well as risks from the use of equipment or participation in group activities. I acknowledge that I will either ask for or have been given any information that I need to determine the general risks associated with this activity.

I understand that I will complete a written self-evaluation of my health status and obtain a complete physical examination before participating in this activity, but that it is ultimately my responsibility to determine whether I can safely participate in this activity. I understand and agree that I will not be allowed to participate in any physical activities that are part of this activity until I have consulted my physician and obtained a physical examination.

I understand that certain precautions may be advised for the particular activity. I agree to follow those precautions and to conform to all rules and policies of the department, the coaching staff and any other sponsor of this activity. However, I recognize that these precautions will not eliminate the risks inherent in the activity.

I voluntarily assume all risks of loss, damage, illness, or injury which I may sustain while participating in this activity, including travel and usage of or any equipment or facilities. I will make no claim against and release, waive, discharge hold harmless and indemnify, on behalf of myself, my personal representative and my heirs, the College of Southern Maryland and its officers, agents and employees for any and all claims and causes of action for any injury or loss, or for damages, costs, expenses, or compensation that may occur during or result from my participation in this activity, whether arising through the negligence, omission, default, or other action of any person or event associated with this course or event, including fellow participants.

DATE ___________________________ SIGNATURE OF PARTICIPANT

If participant is under the age of 18, parent or guardian must complete the following:

I have read and understand the above information. I give my permission for my child to participate in this course/activity and grant the same informed consent, assumption of risk, and release on behalf of myself, my child and the child’s family.

DATE ___________________________ SIGNATURE OF PARENT OR GUARDIAN
College of Southern Maryland

Student Athlete Code of Conduct

PLEASE READ THE FOLLOWING MATERIAL CAREFULLY AND RETURN THE SIGNED FORM

Participation in College of Southern Maryland (CSM) intercollegiate athletics program is a privilege and not a right. For the purpose of this document, student athletes refers to any student who desires to participate as a player or other member, i.e. student worker, etc., of CSM’s intercollegiate athletic team program. Student team members agree to certain responsibilities. The college places expectations on team members and reserves the right to limit participation based on academic standing and/or noncompliance with NJCAA/Region XX/JUCO rules and regulations and or/CSM policies and procedures.

Student Athlete Responsibilities

1. I completely read and understand all College policies as outlined in the current annual catalog, including:
   a. Student Conduct Code  c. Student Rights and Responsibilities
   b. Sexual Harassment Policy  d. Drug and Alcohol Policy

2. I understand that any violation of the above policies may be grounds for dismissal from athletic participation as well as from the college. Acts of misconduct include, but are not limited to:
   a. Illegal or unauthorized use, possession, manufacturing or dissemination of alcohol, or public intoxication.
   b. Use, possession, manufacturing, or dissemination of marijuana, heroin, narcotics, or other controlled substances (as defined by Maryland or federal law) except as expressly permitted by law.
   c. Use of tobacco and tobacco products (smoking) is prohibited.
   d. Unauthorized use, manufacture, distribution or possession of weapons, ammunition, fireworks, explosives, dangerous chemicals and/or firearms.
   e. Engaging in any form of forcible or “non forcible” sexual misconduct.

3. I understand that athletes ejected from a contest for any reason will not be allowed to participate in the next regularly scheduled contest in that sport, and must leave the venue at that time. If the ejection reason was due to violent conduct, the athlete would be removed from the venue and would not be allowed to participate in the next two regularly scheduled contests.
   a. In incidents of ejection, the Athletic Director/and or Assistant Director will meet with the individual(s) and the head coach to review CSM’s commitment to proper sportsmanship.
   b. A second offense for a violent ejection will not be tolerated, and after review of the incident could be grounds for dismissal from the team.
   c. CSM shall review each incident and determine if additional internal sanctions will be placed upon the individual(s) involved.
4. I understand CSM teams must finish the regular season with a minimum of a .500 winning percentage overall, against divisional opponents, or against teams in MD JUCO in order to participate in post-season play.

5. I have provided accurate and complete information on all the requested forms.

6. I have not been instructed to provide inaccurate or incomplete information on this form by any CSM staff member.

7. I give the College of Southern Maryland permission to release my official and unofficial transcript and academic progress to the athletic department with the intent to determine athletic eligibility and awards.

8. I understand that my participation in any fraction of a single contest constitutes a year of eligibility used, including participation on a club team.

9. I understand that I must be enrolled in at least 12 credit hours during the entire length of my intercollegiate athletic season, and remain in those 12 credits for the whole semester to be eligible to receive my performance award. If I do not follow the above, I will become immediately ineligible. Additionally, my team will be forced to forfeit any games that I participated in while enrolled in less than 12 credit hours. Please Note: enrollment does not include audited classes.

10. I understand that I will follow and abide by all the rules for the College of Southern Maryland’s Athletic Academic Policy.

11. I give the College of Southern Maryland permission to include me on a roster listed on the College of Southern Maryland and NJCAA website. I also give permission for my athletic accomplishments and photo to be listed as well.

12. Conference by-laws prohibit athletes from publicly criticizing game officials, referees or coaches to the media or on the internet. I understand that my participation as an athlete may be terminated if I violate this requirement.

13. I agree to pay any and all applicable fees for missing or damaged (less normal wear) CSM issued team uniforms, practice uniforms and/or equipment that is not returned to the Athletic Coordinator at the end of the season.

14. I understand that prior to athletic participation I must have completed all the necessary forms and received a physical examination from a licensed physician.

15. I understand that the use of profanity is prohibited in all competitions and practices, as well as, in CSM functions, study halls and all classroom settings.

With my signature below I agree, acknowledge, and accept the responsibilities stated above and understand that the College of Southern Maryland reserves the right to remove me from any and all participation in the intercollegiate athletic team program.

____________________________________          _________            ___________________________
(Athlete’s Printed Name)    (Date)  (Sport)

____________________________________        __________________________________________
(Athlete’s Signature)        (Parent/Guardian’s Signature, required if athlete is under the age of 18)