



LENOIR COMMUNITY COLLEGE
STUDENT-ATHLETE PACKET

SPORT (S): _____

NAME: _____
(PRINT) FIRST LAST

STUDENT ID#: _____

INSTRUCTIONS:

- All pages must be completed in their entirety before turning this packet in to your coach PRIOR to your being cleared for athletics at Lenoir Community College.





LENOIR COMMUNITY COLLEGE

Student Athlete's Name: _____ DOB: _____

Please read the following consent forms carefully. The student athlete's signature or parent's signature (for student under age 18) is required.

Medical Consent

I hereby grant permission to Lenoir Community College and team physicians and/or their consulting physicians and other medical personnel under their direction to render to my son/daughter/myself any treatment and medical or surgical care that they deem reasonably necessary to the health and well-being of the student-athlete. I also hereby authorize the athletic trainers at Lenoir Community College, who are under the direction and guidance of their team physicians, to render to my son/daughter/myself any preventative, first aid, rehabilitative, or emergency treatment that they deem reasonably necessary to the health and well-being of the student-athlete. I also hereby authorize the coaching staff at Lenoir Community College to render first aid and seek treatment for my son/daughter/myself as deemed necessary. Also, when necessary for executing such case, I grant permission for emergency transportation and hospitalization at an accredited hospital. This consent specifically includes consent to release all information that may be required for treatment, including but not limited to insurance information.

STUDENT ATHLETE'S SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____
(Athlete under age 18)

Release and Assumption of Risk

Participation in a sport involves inherent risk of bodily harm and requires an acceptance of risk of injury. Student-athletes must assume that their participation can result in injury to them, even serious injury.

I understand that by willingly participating in athletics at the collegiate level, I am knowingly undertaking and assuming a non-controllable risk which may result in an injury that may be severe in nature. Such an injury may result in paralysis or death. I understand these risks and agree to accept full personal responsibility for all risks, foreseen and unforeseen, in connection with my participation in athletics at the collegiate level.

I hereby assume all risks associated with participation in athletics at Lenoir Community College (including transportation to and from events) and agree to waive from liability and hold harmless Lenoir Community College, its employees, agents, representative, coaches, volunteers, and athletic trainers from and against any and all claims, demand, losses, or liabilities of any kind or nature which may arise in connection with injuries suffered while participating in, or in any way in connection with, intercollegiate athletics.

STUDENT ATHLETE'S SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____
(Athlete under age 18)

Date _____

LENOIR COMMUNITY COLLEGE ATHLETICS

ELIGIBILITY INFORMATION FORM

Sport _____ Name (First) _____ (Middle) _____ (Last) _____

Date of Birth _____ SS# / College ID _____ Height _____

Local Address _____ City / State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Date of High School Graduation: (M) _____ (Yr) _____ Did you graduate __ (Y) __ (N) Date of GED: (M) _____ (Yr) _____

(HS) Attended _____ HS City & State _____

List ALL Colleges Attended _____ Are you a US Citizen ____ (Y) ____ (N)

Have you played any sport at another college? ____ (Y) ____ (N) What sport and when? _____

Have you played any sport at LCC? ____ (Y) ____ (N) What sport and when? _____

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 are a transfer student, AN OFFICIAL COPY OF THE COLLEGE TRANSCRIPT **MUST** be sent to the Lenoir Community College Admissions Department.
3. If you received a GED, an official copy of the scores **must** be sent to the Lenoir Community College Admissions Department.
4. If you have been employed since graduation, list the employer and its city and state for each semester.
5. If you have been in the Armed Forces, give branch, date of enlistment, and date of discharge.

List ALL colleges attended and places of employment since high school graduation :

<u>Sem.</u>	<u>Year</u>	<u>FT/PT*</u>	<u>College or Employer</u>	<u>City/State</u>	<u>Sports Played</u>
Fall	2002	FT	Worked for Wal-Mart (or) did not work (or) did not attend school.	Bel Air, MD	NA
Spring	2003	PT	East Carolina University	Greenville, NC	Soccer
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*FT = 12 semester hours or more attempted PT - Less than 12 semester hours/billable hours attempted

For Office Use Only

Date of Initial College Enrollment _____ FT terms perviously enrolled _____

Previous FT term: _____ Cumulative: _____

Hrs. earned _____ GPA _____ Hrs. earned _____ GPA _____ Physical Date _____

MY SIGNATURE CERTIFIES THAT:

I understand that any incident of fighting or unsportsmanlike behavior on the part of a Lenoir Community College student-athlete or team is grounds for excluding that student-athlete and/or team from participating or further participation in post-season play.

I understand that LCC Athletics reserves the right to flag all student-athlete registrations.

I understand that all post season play will be at the discretion of the LCC Athletic Administration regardless of team record.

I have provided accurate and complete information as requested on the reverse side of this form.

I have not been instructed to provide inaccurate or incomplete information on this form by an LCC staff member.

I give LCC permission to release my transcript and academic progress to officials determining athletic eligibility and awards.

I understand that my participation in any fraction of a single contest constitutes a year of eligibility used, unless a hardship waiver request is approved by coaching staff, and then the National Junior College Athletic Association approves the hardship waiver paperwork.

I understand that I must stay enrolled in at least 12 active credit hours during the entire length of my intercollegiate athletic season. If I do not follow the NJCAA eligibility rule above, I will become immediately ineligible for any and all future NJCAA and LCC athletic participation that season. Additionally, my team will be forced to forfeit any games that I participated in while enrolled in less than 12 credit hours.

I give LCC permission to include me on a roster listed on the LCC Athletics website. I also give permission for my athletic accomplishments to be listed on the same website.

By participating in intercollegiate athletics at LCC, an NJCAA member institution, I understand that I am not eligible to file any legal court action against the NJCAA.

I am not allowed to publicly criticize game officials/referees to the media or through an internet posting.

I have read and understand the above: _____
Student Signature Date

Authorization for Release of Information

In signing the Authorization for Release of Information form, I authorize hospitals, physicians, certified athletic trainers, rehabilitation clinics, and student health services to release medical information to the Lenoir Community College Athletic Training Staff, team physicians, and coaches concerning my health and welfare. The medical information may relate to my past, present, and future medical conditions, injuries, or illnesses that may occur, or already have occurred, in connection with or relevant to intercollegiate athletics at Lenoir Community College or otherwise.

Also, by giving the authorization for the release of medical information, I permit the representative of Lenoir Community College, medical staff, and athletic training staff to disclose information concerning my health to parents/guardians, potential professional scouts, or College coaches interested in recruiting me, if the opportunity arises in the future. I understand that a record and date will be kept of all individuals receiving such information.

STUDENT ATHLETE'S SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____
(Athlete under age 18)

Concussion Statement

A concussion is an injury to the brain caused by direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth. Signs and symptoms to look for: difficulty thinking clearly, taking longer to figure things out, difficulty concentrating, difficulty remember new information, headache, fuzzy or blurry vision, feeling sick to your stomach, vomiting, dizziness, balance problems, sensitivity to noise or light, irritability, sadness, being more moody, feeling nervous or worried, crying more, sleeping more than usual, sleeping less than usual, trouble falling asleep, or feeling tired. If you have any of the signs or symptoms listed above, you agree to notify your parents, coach, athletic trainer, or team physician so they can get you the help you need.

I am aware of the following information: A concussion is brain injury which should be reported to my coach(es), or a medical professional if one is available. A concussion cannot be "seen" although some symptoms might be present right away. Other symptoms may show up hours or days after an injury. I will inform my coach(es) or medical professional about the concussion. I will not return to play in a game or practice after a concussion or experiencing symptoms of a concussion, and must have a medical evaluation prior to returning to play. I realize that sometimes, repeat concussions can cause serious and long-lasting problems.

STUDENT ATHLETE'S SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____
(Athlete under age 18)



LENOIR COMMUNITY COLLEGE

Medical Insurance

_____ I do not currently have medical insurance

_____ I have medical insurance:

Insurance Company: _____

Phone Number: _____

Policy Number: _____

Subscriber: _____

Primary Care Physician: _____

Phone Number: _____

Emergency Contact

Name: _____

Relationship: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip: _____

Publicity Release

I, _____, hereby authorize Lenoir Community College to record, tape, film, photograph, digitize or otherwise preserve in permanent form my name, likeness, image, biographical material, voice and/or statements.

I agree that any such recordings may be used and reused in whole or in part for publication, broadcast, cablecast, multimedia production, Internet distribution, closed circuit exhibition, illustration, promotional purposes and/or educational distribution as deemed fit by Lenoir Community College, in perpetuity, throughout the world.

I also release Lenoir Community College and its officers, agents, designees, faculty and employees from any and all claims based on the use of such recordings and agree to hold Lenoir Community College harmless from any and all claims by third parties, including any claim based on allegation of copyright infringement from my statements.

STUDENT ATHLETE'S SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____
(Athlete under age 18)



LENOIR COMMUNITY COLLEGE

Student Athlete's Name: _____ DOB: _____

Academic Standards

I understand the athletics department is committed to the philosophy that student-athletes are students first and foremost and that all student-athletes must exhibit behaviors that demonstrate a commitment to maximizing academic success as their first priority. I understand the athletics department has created the following standards, strategies, and policies to maximize the possibility of student-athletes meeting their academic goals. I understand that I am obligated to comply with these standards:

- Student-athletes must adhere to all academic requirements (study halls, tutoring sessions, etc.) specified by the academic counselor, success coach, or coaching staff.
- Student-athletes' academic progress is monitored. If at any time, the Athletic Director receives academic information that a student-athlete is not meeting his or her responsibilities (i.e. attending class, missing assignments, grade point average reduction, warnings in class, etc.) the Athletic Director will meet with the head coach to determine if playing or practice privileges will be restricted, suspended, or terminated.
- If a student-athlete's grade point average drops below a 2.0, he or she will automatically become ineligible to participate until the grade point average returns to the 2.0 minimum.
- While sports schedules require some missed class time, the expectation is that student-athletes will make every effort not to miss any additional classes and will only do so under extenuating circumstances such as illness or family emergency. Excessive absences may result in restriction of a student-athlete's participation in practice or competition.
- Student-athletes are expected to meet all deadline dates for class assignments and are required to make pre-arrangements with instructors when quizzes, tests or special assignments conflicts with contest dates.

STUDENT ATHLETE'S SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

(Athlete under age 18)



LENOIR COMMUNITY COLLEGE

Student Athlete's Name: _____ DOB: _____

Behavioral Expectations

I understand that student-athletes are visible representative of the institution both on campus and off-campus whose behaviors are often closely scrutinized by the media and general public. Student-athlete behavior affects public perception of institutional ethos, athletics department standards, and the character of the student body. Therefore, it is an expectation that the student-athletes will demonstrate consistent role model behavior, sportsmanship and self-control. More specifically:

- Student-athletes must be committed to fair play. Intentional acts of unsportsmanlike behavior or cheating will not be tolerate.
- During competition, student-athletes will exercise self-control in all ways including, but not limited to, resisting the use of profanity, demonstrating unnecessary aggression or hostility towards others, making inappropriate physical gestures, taunting or excessively celebrating, and disrespecting coaches, officials, teammates or opponents.
- Student-athletes are prohibited from interacting in any negative way with fans.
- When interacting with the media, student-athletes are expected to remain positive and not use media interviews as a platform to share personal frustrations about the team, coaches, the athletics department or the institution or make any negative comments about opponents or officials.
- Any actions that result in a student-athlete being sanctioned by school, local, state, or federal authorities may also result in sanctions from the athletics department.
- Student-athletes are expected to report any actions that establish a class system (hazing, initiations, etc.) to their coach immediately.
- Student-athletes are expected to immediately report any behaviors they would describe as abusive by a coach, staff member, or a teammate to the Athletic Director.
- Student-athletes and coaches are expressly prohibited from engaging in sexual intimacies and other forms of inappropriate conduct with each other. Student-athletes are expected to immediately report any such behaviors which serve to destroy the standard of impartiality and professional trust which must be maintained by all coaches.

STUDENT ATHLETE'S SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____
(Athlete under age 18)

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, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider 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

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 answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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 Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
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 _____

■ 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 _____

■ PREPARTICIPATION PHYSICAL EVALUATION

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 dysreflexia?		
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		
Spina bifida		
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 _____



NJCAA AMATEURISM QUESTIONNAIRE

Name: _____ (First, Middle, Last)

Sport(s): _____

College Name: _____ Date of Birth: _____ Age: _____

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

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

Year(s)	Name of School	Country	Tuition Paid by (e.g., parents, coach, team, government)	Graduation Date	Where did you live?

All Athletics Participation:

Team Name	Team Contact Information	League Affiliation	Dates of Participation	Number of Contests Played	List Expenses Received

Additional Questions:

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

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

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

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

**Please continue on to the next page.
(Page 2 - NJCAA Amateurism Questionnaire Continued)**

5. Did any of the teams you participated on call themselves professional? Yes ____ No ____ I don't know ____
If yes, which team(s)? _____
6. Did you have a written or verbal agreement with an agent or agency to represent you while you were participating in athletics? Yes ____ No ____
7. Have you or any of your family ever accepted any benefits from an agent or anyone associated with an agent? Yes ____ No ____ I don't know ____
8. Have you ever accepted any benefits not listed on this form from anyone other than your parents? Yes ____ No ____
9. Have you ever been involved in an advertisement or promotion? Yes ____ No ____ I don't know ____
If yes, please describe: _____
10. Have you ever accepted any prize money based on your place finish for your participation in athletics? Yes ____ No ____ If yes, please complete the information below:

Name of Team	Date of Competition	Name/Type of Competition	Prize Money Received	Expenses

Recruiting:

1. How did you learn about this institution? _____

2. Who contacted you (e.g., by email, letters, telephone calls, in-person visits, etc.) and encouraged you to attend this institution? _____
3. Please list all official visits taken.

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

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

Student-Athlete Signature: _____ Date: _____



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. _____

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: _____



LENOIR COMMUNITY COLLEGE

Student Athlete's Name: _____ DOB: _____

Travel Expectations

I understand it is a privilege to use any of the Lenoir Community College vehicles when traveling to and from games. Violation of these expectations will immediately result in loss of traveling privileges and may require a parent/guardian to come and pick me up from a game site or hotel. Therefore, I will follow the expectations of our institution with use of school vehicles:

- No food/drink unless authorized by the coach or bus driver.
- No changing of clothes while in the vehicle.
- No obscene signs/gestures to other pedestrians or vehicles.
- Must remain seated during travel.
- No use of tobacco products or any illegal substance while traveling.
- Must respect the space of the driver at all times and keep walkways clear.
- Must check vehicles for cleanliness upon return and report any damage to the vehicle to the Athletic Director.

STUDENT ATHLETE'S SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____
(Athlete under age 18)



FERPA RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

I, _____ /____/____/____, hereby authorize
Print Full Legal Name (no nicknames) Date of Birth

Lenoir Community College to release the following educational records: **(check all that apply)**

_____ All Financial Aid Records (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

_____ All Academic/Transcript Records (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, disciplinary action, residency information, and any other documentation contained in the academic records).

_____ All Student Account Records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records).

_____ Instructor/Classroom Records (records include: attendance records, progress reports, test, and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of records.
Instructors are not required to have conversations about academic progress with anyone other than the student).

_____ Other (Please Specify) _____

Please Note: Services for Students with Disabilities records are considered medical records and are not covered under the FERPA rules. A separate release form must be obtained from this department.

The following individual(s) are authorized to access the information indicated above:

PLEASE PRINT FULL NAME

Spouse _____ Mother/Stepmother _____

Agency _____ Father/Stepfather _____

Public School Officials _____ Other _____ (Please Specify)

Although I understand I am not required to release this information, I am giving my consent to Lenoir Community College to disclose these records. I also understand that this release remains in effect while I am a student at Lenoir Community College, unless I revoke my consent in writing and deliver it to the Student Services Office at Lenoir Community College.

LCC or SSN # Signature of Student Date

Signature Witness (college employee): _____

Original will be kept on file in the Student Services Office.

Rev. Date 06/6/2018