



OAKLAND COMMUNITY COLLEGE®

# RAIDERS

## **STUDENT ATHLETE FORMS PACKET**

**2008-2009**

Oakland Community College  
Athletic Department  
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Auburn Hills, MI 48326  
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## TABLE OF CONTENTS

<b>PHYSICAL EXAMINATION &amp; INSURANCE PROCEDURES.....</b>	<b>3</b>
STUDENT ATHLETE ENTRANCE PARTICIPATION CHECKLIST.....	5
PREPARTICIPATION PHYSICAL EVALUATION (STUDENT).....	6
PREPARTICIPATION PHYSICAL EVALUATION (DOCTOR).....	8
ATHLETIC INSURANCE/MEDICAL EMERGENCY INFORMATION.....	9
ACADEMIC PERMISSION STATEMENT.....	10
CODE OF CONDUCT/SPORTSMANSHIP & INSURANCE STATEMENT....	11
NJCAA CODE OF CONDUCT.....	12
NJCAA SPORTSMANSHIP STATEMENT.....	14
NJCAA ELIGIBILITY AFFIDAVIT.....	16
STUDENT ATHLETE ENTRANCE SURVEY.....	18
STUDENT ATHLETE INFORMATION FORM.....	20
STUDENT ATHLETE PROGRESS REPORT.....	22
BREAK IN ENROLLMENT/LOW ENROLLMENT FORM .....	23



## OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT PHYSICAL EXAMINATION AND INSURANCE PROCEDURES

Each student athlete is required to have a physical examination prior to any participation in any intercollegiate sport (practice or tryout included). The final decision on physical qualifications or reason for rejection is the responsibility of the team physician, athletic trainer or athletic director. The team physician, athletic trainer or athletic director also makes the decision on when an athlete may return to competition after a previous injury.

### INJURIES, MEDICAL BILLS, INSURANCE COVERAGE, CLAIM PROCEDURE

Accidents do occur and we attempt to provide our athletes with the very best possible care. Medical bills may be incurred when the athlete is treated for bodily injury due to an accident, whether it is locally, during a road trip, or by a medical vendor in his/her home area.

ONE FIRM STATEMENT: The NCAA/NAIA/NJCAA discourages any college or university from providing coverage or paying the bills incurred for expenses related to illnesses or conditions which are not sustained as the direct result of an accident in our intercollegiate sport programs. (This includes pre-existing conditions and non-athletic injuries.)

INSURANCE COVERAGE: The athletic accident insurance at **Oakland Community College** provides coverage for your son/daughter for accidents while participating in the play or official team practice of intercollegiate sports, including sponsored and authorized team travel.

CLAIM COVERAGE: All medical bills for you son/daughter incurred as the result of an accident in the intercollegiate sports program will be sent directly to your son/daughter or to you home address, unless the college or university has instructed the medical vendor otherwise. In some cases the athletic department may get a copy of the bill, but in no case will the athletic department be the primary place for the bill incurred to be sent.

- A. Submit the bills incurred to your family, employer group coverage or plan first. They will do one of two things
  1. Honor the claim and pay all or a portion of the bill incurred
  2. Not honor the claim and send you a letter of denial. An example might be that your son/daughter is no longer part of your group policy after attaining the age of twenty-three (23).
- B. If there remains a balance after the family, employer group insurance or plan has contributed towards the claim, send the claim sheet from the insurance company and a copy of the itemized bills incurred to the college or university's athletic department.
- C. If the bills incurred and not paid by the family, employer group insurance or land are large enough, the claim will be sent from our athletic department to our insurance carrier office which is in Kalamazoo, MI for processing. If they need any additional information, please cooperate with them and they will process the claim to have the claim settled promptly since all the bills incurred are in your name.



PHYSICAL EXAMINATION AND INSURANCE PROCEDURES (Continued)

PLEASE NOTE:

If the primary family coverage is through an HMO (Health Maintenance Organization) or a PPO (Preferred Provider Organization) you must follow the proper procedures required by your plan in order for the college's insurance to satisfactorily complete its portion of the claim. This is especially important if your plan requires pre-authorization to have your son/daughter treated if out of you plan's service area.

Parents should retain this letter for future references. In addition, we ask that you complete the attached from **IN** **DETAIL** and return to us prior to any athletic participation (including tryouts and practices). A copy of the primary insurance will be required to be kept on file for the student athlete. Your cooperation in this important area will make this program successful in minimizing delays and accomplishing the purpose for which it is intended.



**OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT**  
**STUDENT ATHLETE ENTRANCE PARTICIPATION CHECKLIST**

NAME: \_\_\_\_\_ TEAM: \_\_\_\_\_

The following forms must be completed and turned in by the due date.

	FORM	DUE TO	DUE DATE	RECEIVED
1.	<b>Physical Form</b> Must be dated after July 1 <sup>st</sup> , 2008	Coach	Before first day of try-out/practice	
2.	<b>Insurance/Emergency Form</b> Must be dated after July 1 <sup>st</sup> , 2008 Include a copy of your Insurance Card (front and back)	Coach	Before first day of try-out/practice	
3.	<b>Student Athlete NJCAA Eligibility Affidavit</b>	Coach	Before first day of try-out/practice	
4.	<b>Student Athlete Entrance Survey</b>	Coach	Before first day of try-out/practice	
5.	<b>Sports Information Sheet</b>	Athletic Director	Fall Sports – September 1 <sup>st</sup> Winter/Spring Sports – October 1 <sup>st</sup>	
6.	<b>Student Athlete Responsibility Sign-Off Sheet</b> (from Student Athlete Orientation Handbook)	Athletic Director	Fall Sports – September 1 <sup>st</sup> Winter/Spring Sports – October 1 <sup>st</sup>	
7.	<b>Valid Drivers License or State ID</b>	Coach	Before first day of try-out/practice	
8.	<b>Copy of High School Diploma</b>	Coach	Before first day of try-out/practice	
9.	<b>Copy of All Transcripts</b> (Transfer Students)	Coach	Before first day of try-out/practice	
10.	<b>Code of Conduct Statement</b>	Coach	Before first day of try-out/practice	
11.	<b>Academic Permission Statement</b>	Coach	Before first day of try-out/practice	

Have you completed the following?

	DESCRIPTION	YES	NO
1.	Sent in OCC application to Registration Office?		
2.	Taken your assessment testing in the ASC*?		
3.	Had a course planning session with a Counselor?		
4.	Registered for the NCAA Clearinghouse, if not see the Academic Coordinator.		
5.	Set up your class schedule, if not see the Academic Coordinator.		
6.	<b>Transfer Students</b> – Have you sent your official college transcripts to the OCC Enrollment Office?		

\*ASC Locations:

- Auburn Hills Campus: Building B, Room 110, PH: 248.232.4435
- Highland Lakes Campus: Woodland Hall, Room 20, PH: 248.942.3035
- Orchard Ridge Campus: Building K, Room 100, PH: 248.522.3435
- Royal Oak Campus: Building C, Room 104, PH: 248.246.2435
- Southfield Campus: Information Commons, PH: 248.233.2735



OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT

PRE-PARTICIPATION PHYSICAL EVALUATION

(To be completed by the Student Athlete)

Date of Exam \_\_\_\_\_ Team \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

In Case of Emergency – contact

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Explain "Yes" answers on next page. Circle questions you don't know the answers to.

Table with 3 columns: Question, YES, NO. Contains 26 physical evaluation questions.



PRE-PARTICIPATION PHYSICAL EVALUATION (Continued)

- 27. Do you have asthma?
- 28. Do you have seasonal allergies that require medical treatment?
- 29. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
- 30. Have you had any problems with your eyes or vision?
- 31. Do you wear glasses, contacts, or protective eyewear?
- 32. Have you ever had a sprain, strain, or swelling after an injury?
- 33. Have you broken or fractured any bones or dislocated any joints?
- 34. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  
If yes, check appropriate box and explain below:
  - Head  Upper Arm  Hip
  - Neck  Elbow  Thigh
  - Back  Forearm  Knee
  - Chest  Wrist  Shin, Calf
  - Shoulder  Hand  Ankle
  - Finger  Foot

- 35. Do you want to weigh  **more** or  **less** than you do now?
- 36. Do you lose weight regularly to meet weight requirements for your sport?  Yes  No
- 37. Do you feel stressed out?  Yes  No

Record all the dates of your most recent immunizations (shots) for:

Tetanus \_\_\_\_\_  
 Measles \_\_\_\_\_  
 Hepatitis B \_\_\_\_\_  
 Chicken pox \_\_\_\_\_

**FEMALES ONLY**

1. When was your first menstrual period? \_\_\_\_\_
2. When was your most recent menstrual period? \_\_\_\_\_
3. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_
4. How many periods have you had in the last year? \_\_\_\_\_

Explain **All** "Yes" answers here.

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

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT**

**PRE-PARTICIPATION PHYSICAL EVALUATION**

(To be Completed by a Medical Doctor)

Student Athlete's Name \_\_\_\_\_ Date \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Vision: Right eye 20/ \_\_\_\_\_ Left eye 20/ \_\_\_\_\_ Pupils: (circle one) Equal Unequal

Medical	Normal	Abnormal Findings	Initials
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulse			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Arm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

**CLEARANCE**

Cleared  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not Cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print/type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_



**OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT**  
ATHLETIC INSURANCE/MEDICAL EMERGENCY INFORMATION

Complete all information. If information is not applicable, indicate the reason it is not (i.e. deceased, divorced, unknown.)  
**FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS**

**ATHLETE INFORMATION**

Name of Student Athlete: _____	Sport: _____
Student ID: _____	Date of Birth: _____
Home Address: _____	Phone: _____

**PARENT INFORMATION**

Father's Information	Mother's Information
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Home: _____	Home: _____
Work: _____	Work: _____
Cell: _____	Cell: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Medical Insurance	Medical Insurance
Company or Plan: _____	Company or Plan: _____
Address: _____	Address: _____
Policy Number: _____	Policy Number: _____
Phone: _____	Phone: _____
Is the company or plan listed above considered a: <input type="checkbox"/> Health Maintenance Organization (HMO) <input type="checkbox"/> Preferred Provider Organization (PPO)	Is the company or plan listed above considered a: <input type="checkbox"/> Health Maintenance Organization (HMO) <input type="checkbox"/> Preferred Provider Organization (PPO)
Is pre-authorization required to obtain treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is pre-authorization required to obtain treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your insurance or plan require a second opinion before surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your insurance or plan require a second opinion before surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No

**OTHER CONTACTS**

Name of two relatives/neighbors who can be called in case of an emergency:			
Name	Home Phone	Work Phone	Cell Phone

I hereby authorize Oakland Community College and First Agency of Kalamazoo, Michigan to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photocopy of this authorization shall be deemed as effective and valid as the original. We authorize that the college or its insurance agent pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by the college.

Student Athlete's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



OAKLAND COMMUNITY COLLEGE®

**OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT**  
ACADEMIC PERMISSION STATEMENT

I, \_\_\_\_\_ give my permission for the OCC Athletic Department to monitor my academic progress in all classes. This includes:

- ⇒ Communicating with instructors, counselors, and coaches regarding my academic status
- ⇒ Sending written progress reports periodically, to be completed by instructors
- ⇒ Providing the necessary information in order to meet NJCAA eligibility requirements

I understand the contents of this contract and consent to all of its conditions.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature (if student is under 18 yrs. of age)



OAKLAND COMMUNITY COLLEGE®

**OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT**  
CODE OF CONDUCT/SPORTSMANSHIP STATEMENT

All Oakland Community College athletes will sign this form indicating they have been given and reviewed the NJCAA Code of Conduct and Sportsmanship Statement. It is a privilege and not a right to be a member of an athletic team at Oakland Community College. As such, Oakland Community College reserves the right to discipline up to and including possible dismissal for any violation of the NJCAA Code of Conduct.

Signature: \_\_\_\_\_

In addition, each sport may develop additional Team Rules specific to that sport. Upon approval of the Athletic Director participants in that sport are required to review and sign the team rules. It is a privilege and not a right to be a member of an Oakland Community College athletic team. Any violation of team rules may result in disciplinary action up to and including dismissal from the team.

**INSURANCE STATEMENT**

All Oakland Community College athletes and their parent/guardian will sign this form indicating that they have been given and reviewed the OCC Insurance information letter.

Athlete Signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_



## NJCAA CODE OF CONDUCT

### ARTICLE XX: CODE OF CONDUCT

"This code of conduct applies to all region, district and national events, contest and tournaments sponsored by the National Junior College Athletic Association. Violations of the code of conduct occurring during the regularly scheduled season events shall be referred to the respective conference or region standards and ethics committee.

#### **Code of Conduct**

- A. Participants shall recognize the responsibility for proper conduct at any national tournament, event or contest sponsored by the NJCAA or its member colleges.
- B. Coaches shall recognize and assume responsibility for the actions of themselves and the team members. Each coach who has a participant competing in the event shall be responsible for informing each participant about the code of conduct.

#### Behavior

Coaches, players and institutional personnel must remember that they are representatives of an institution of higher learning, its faculty, and administration and student body. As such they are expected to conduct themselves in a manner which would reflect credit on their team, institution, region and the NJCAA. Student athletes, coaches and institutional personnel who are participating in NJCAA events are subject to all NJCAA rules regulations and penalties as stated in the NJCAA handbook as well as local, state and federal laws.

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

1. fighting
2. taunting
3. inappropriate celebration
4. disrespectful attitude toward opponents, officials, tournament administrators
5. use of profane and vulgar language
6. use of tobacco and/or alcohol
7. disrespectful attitude toward host hotel personnel
8. unlawful activities

#### Derogatory comments

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

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

#### Reporting

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



## NJCAA CODE OF CONDUCT (Continued)

### **Procedures and Penalties**

#### Immediate Action

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

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

#### Penalties-Immediate Action

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

#### Timely Action

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

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

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



## NJCAA SPORTSMANSHIP STATEMENT

### ARTICLE XVIII – SPORTSMANSHIP

A basic principle of NJCAA athletic competition is to develop and foster respect for fellow participants, coaches, officials and spectators. The following handbook section applies to all athletic events involving NJCAA member institutions. Conferences, Regions and sport rule books may apply regulations that are more restrictive than those found in this section.

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

**EJECTIONS:** (a game-ejection form can be found in the forms section of the Handbook/Casebook)

- A. Ejections for violent behavior
  1. Violent behavior is defined as:
    - a. An act in which physical contact or an attempt to make physical contact occurs with the purpose to do damage, harm, intimidate, incite a fight or otherwise injure a player, coach, referee, spectator, game management personnel or damage property.
    - b. An act in which any bench personnel other than the coaching staff leave the bench area when a fight may break out or has broken out.
  2. The following penalties will be assessed if a game official ejects a player, coach, team personnel, staff member, or game management personnel for violent unsportsmanlike behavior:
    - a. Immediate ejection and removal from the venue
    - b. Mandatory ejection and removal from the venue of any bench personnel other than the coaching staff who leaves the bench when a fight may break out or has broken out.
    - c. A two contest suspension to be served the next two regular scheduled games or post season contests. Suspension of a coach or player at the end of a season of play shall carry over to the following season.
    - d. Should the player, coach or team personnel be ejected for violent behavior a second time during the season, that individual shall be prohibited from participating in athletic contests of that institution for the remainder of the academic year including post season play.
    - e. Penalties shall be imposed automatically by the offending institution with suspensions to be in effect for the next two regularly scheduled contests as appearing on the published schedule of the institution at the time of the ejection.
    - f. The referee may end the contest.
    - g. Failure to report and/or comply will result in:
      1. For the first occurrence, the penalties will double and a letter of reprimand shall be sent to the Director of Athletics and the President of the institution.
      2. For the second occurrence, the penalties will double and a sanction of probation shall be given to the offending institution for that sport for that year.
      3. Games in which a suspended player, coach or team personnel participates shall be forfeited.
- B. Ejection for non-violent unsportsmanlike behavior:
  1. Non-violent unsportsmanlike behavior is defined as profanity, vulgar gestures, trash talking, taunting or abusive language directed at players, coaches, referees, game management personnel and/or spectators. The use of tobacco or alcohol during NJCAA sponsored events is prohibited within this rule.
  2. The following penalties will be assessed if a game official ejects a player, coach, team personnel, staff member, or game management personnel for non violent unsportsmanlike behavior:
    - a. Immediate ejection and removal from the venue.
    - b. A one contest suspension to be served during the next regularly schedule or post-season contest. Suspension of a coach or player at the end of the season of play shall carry over to the next season.



NJCAA SPORTSMANSHIP STATEMENT (Continued)

- c. Penalties shall be imposed automatically by the offending institution with suspensions to be in effect for the next regularly scheduled contest as appearing on the published schedule of the institution at the time of the ejection.
- d. Failure to report and/or comply will result in:
  - 1. For the first occurrence penalties will double and a letter of reprimand shall be sent to the Director of Athletics and the President of the institution.
  - 2. For the second occurrence penalties will double and a sanction of probation shall be given to the offending institution for that sport in that year.
  - 3. Games in which the suspended player, coach or team personnel participates shall be forfeited.
- C. Entering Spectator area prohibited: No player, coach or bench personnel may leave the playing area and enter the spectator area of the facility to engage in any type of verbal or physical conflict. Penalty for violation of this rule shall be immediate ejection from the contest and suspension from all intercollegiate athletic contests of that institution for the remainder of the academic year including playoffs.
- D. Ejection of the coach: the game shall be terminated and a forfeit declared if the head coach is ejected and there is no assistant coach or other college staff contractually bound to the institution willing to assume responsibility for the team.
- E. Reporting structure:
  - 1. The Athletic Directors of the member institutions involved in the contest shall notify, in writing, their respective Region Directors (or designee) following the ejection(s) by noon local time of the first business day following the event.
  - 2. The Region Directors (or designee) shall keep a record of all ejections in their respective region. The record shall include the name and institution of the person ejected, the date of the ejection, there reason for the ejection, and the penalty imposed.
  - 3. The Region Director or designee shall supply an end of the year report of ejections occurring in the Region. The report shall include the number of ejections and the penalties assessed by sport. Copies of the end of the year report shall be give to the Region, the Sport Committed and the Standards and Ethics Committee by June 15 of that academic year.
- F. Appeals
  - 1. Participants in all NJCAA certified sports are subject to the penalties listed for ejections.
  - 2. There is no appeal of a game(s) suspension resulting from an ejection by a game official.

**SUSPENSIONS:**

- A. Personnel and athletes suspended under these NJCAA rules shall not be allowed in the facility/gym/field complex before or during the contest and may not coach or participate before the game, during play, or at half-time. Suspended coaches may travel with the team. Suspended athletes may not travel with the team while serving the suspension.



### NJCAA ELIGIBILITY AFFIDAVIT

SPORT: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_  
(First, Middle, Last)

College Address: \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

**Personal Information:**

Home Address: \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

Phone Number: \_\_\_\_\_ Parent's Names: \_\_\_\_\_

Are you a United States Citizen or a Permanent Resident\*?  YES  NO (\*Holder of a Green Card or FI VISA)

Are you on another type of VISA?  YES  NO If so, what type? \_\_\_\_\_

**High School Information:**

High School(s) Attended: \_\_\_\_\_ City, State & Country: \_\_\_\_\_

Graduated?  YES\*  NO High School Graduation Date (month/year): \_\_\_\_/\_\_\_\_

Check here if you have earned a \*GED: \_\_\_\_\_ GED Date Earned (month/year): \_\_\_\_/\_\_\_\_

**\*Enclose a COPY of your High School Diploma or GED Certificate.**

**Additional Information:**

1. Did you take any college credit classes while in high school?  YES\*  NO

\*If yes, from what college(s)? \_\_\_\_\_

**\*If yes, please furnish transcript(s) from each 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

If yes, describe the situation and complete the following: \_\_\_\_\_

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

Have you ever been red-shirted for a season?  YES  NO

If yes, list when, where, and describe the situation: \_\_\_\_\_



NJCAA ELIGIBILITY AFFIDAVIT (Continued)

5. Have you ever participated in practices/tryouts/exhibitions/scrimmages/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 any college or university? ☐ YES ☐ NO If yes, name the school, sport and the dates: \_\_\_\_\_

7. Have you ever received money beyond expenses for participating in any athletic event? ☐ YES ☐ NO If yes, describe the situation: \_\_\_\_\_

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 at all for any periods of time following high school graduation, please document your employment and military history during those times. If you were unemployed at any time, please list those dates as well. The NJCAA requires that we 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: \_\_\_\_\_



**OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT**  
STUDENT ATHLETE ENTRANCE SURVEY

**BACKGROUND INFORMATION**

---

Team: \_\_\_\_\_

Gender:     MALE     FEMALE

County of Residence: \_\_\_\_\_

High School G.P.A.: \_\_\_\_\_

Average number of hours studied per week in high school: \_\_\_\_\_

Your NCAA Clearinghouse status:     Qualifier    or     Non-Qualifier

How did you hear about our athletic program? *(Check all that apply)*

Recruited by OCC Coach     Newspaper     Web Site

High School Coach             Friend             Other \_\_\_\_\_

Why do you want to participate in intercollegiate athletics at Oakland Community College?:

\_\_\_\_\_

**GOALS AND EXPECTATIONS**

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What role does intercollegiate athletics play in your academic plan?

\_\_\_\_\_

List your expectations of Oakland Community College's athletic program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you selected your academic major?     YES     NO    What is it? \_\_\_\_\_

Are you planning on transferring to a four-year school?     YES     NO

If yes, which schools do you have in mind?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What goals do you want to accomplish athletically while at Oakland Community College?

\_\_\_\_\_



STUDENT ATHLETE ENTRANCE SURVEY (Continued)

GOALS AND EXPECTATIONS (Continued)

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What goals do you want to accomplish academically while at Oakland Community College?

- Associate's Degree     Transfer Credits     Certificate Program     Other \_\_\_\_\_

Which academic skills would you like to further develop while you are at Oakland Community College? *(check all that apply)*

- Study     College Transfer Eligibility     Testing     Research

Which career skills would you like to develop while you are at Oakland Community College? *(check all that apply)*

- Time Management     Goal Setting     Career Planning     Resume Building

Are you interested in our peer-tutoring program? Academic support or tutor?

- Yes, I would be interested in peer tutoring for academic support.
- Yes, I would be interested in peer tutoring as a tutor.
- No, I am not interested in peer tutoring.

The Student Athletic Advisory Committee (S.A.A.C.) is a volunteer group of student athletes who participate in community-based events, similar to a High School Student Council.

Would you be interested in joining Oakland Community College's S.A.A.C.?

- YES     NO



**OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT**

STUDENT ATHLETE INFORMATION FORM – Please Fill Out Entirely.

PLEASE RETURN TO ATHLETIC DEPARTMENT  
FAX NUMBER 248.232.4313

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

NAME \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
First Middle Last

HOME ADDRESS \_\_\_\_\_  
Street City State Zip

HOME PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

Parent's Names \_\_\_\_\_ (If deceased, indicate as such)

Athletic Eligibility at OCC: FRESH/SOPH Academic Interest \_\_\_\_\_

Interested in transferring to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_ GPA \_\_\_\_\_

Full Name of HS Coach \_\_\_\_\_ HS Varsity Letters in this Sport \_\_\_\_\_

Captain of HS Team:  YES  NO If yes, which season(s)? \_\_\_\_\_

Position(s) \_\_\_\_\_ Travel/AAU Coach \_\_\_\_\_

Hometown newspapers: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Were you chosen for any HS/OCC honors in this sport (All-American, All-County, All-City, All-Conference, Team MVP, etc.)

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

Top individual or team performance in this sport in HS/OCC (i.e. school scoring record, goals scored, home runs, district champs, etc.)

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

Other HS/OCC sports you played and position \_\_\_\_\_

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



STUDENT ATHLETE INFORMATION FORM (Continued)

Individual or team honors won in other HS/OCC sports \_\_\_\_\_

\_\_\_\_\_

HS/OCC academic honors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other members of your family who played college sports (list name, school, position, years to the best of your memory)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did you select Oakland Community College? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List additional hobbies \_\_\_\_\_

*Please sign the form at the bottom of this page. Your signature grants the Oakland Community College Athletics Department and its coordinate permission to release pertinent information about you in regard to your pursuing athletic activities at Oakland Community College. Failure to sign this form will forfeit your right to be included on team rosters, appear in team media guides or program, or earn a varsity athletic award, regardless of whether you participate on any intercollegiate team at the College.*

Student Athlete's Signature \_\_\_\_\_

PLEASE RETURN TO ATHLETIC DEPARTMENT  
FAX NUMBER 248.232.4313



**OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT**  
STUDENT ATHLETIC PROGRESS REPORT

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**PROGRAMS FOR ACADEMIC SUPPORT SERVICES ATHLETIC DEPARTMENT**

STUDENT:	STUDENT ID:
DATE:	PLEASE RETURN BY:
SEMESTER:	CLASS:

Signature/Date: \_\_\_\_\_

Attendance of student has been: (Please Check)  
Excellent  Good  Fair  Poor

Punctuality of student has been: (Please check)  
On time  sometimes late  always late or often late

Taking all factors into consideration, assess the student's performance:  
Mid-semester Grade: \_\_\_\_\_

COMMENTS:  
What actions do you recommend:  
 Tutor  Remain in class

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This information on this form will be used for athletic eligibility purposes.  
**Please** return completed form to:

Coach: \_\_\_\_\_

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

Campus: \_\_\_\_\_

***\*Please note: Attached signed permission form to release information***



**OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT**  
BREAK IN ENROLLMENT / LOW ENROLLMENT FORM

Student's statement regarding delayed enrollment or interrupted attendance for purposes of establishing athletic eligibility.

Date: \_\_\_\_\_ Home Campus: \_\_\_\_\_  
 Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Date of graduation or leaving school: \_\_\_\_\_

Starting with date of leaving high school, list in chronological order all experiences of attendance at other schools, periods of employment or unemployment, etc. List by month and year to month and year.

<b>FROM</b>		<b>TO</b>		<b>SCHOOL/EMPLOYER</b>	<b>CITY</b>	<b>STATE</b>	<b>STUDENT/JOB</b>
<b>MONTH</b>	<b>YEAR</b>	<b>MONTH</b>	<b>YEAR</b>				
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Your work telephone number is: \_\_\_\_\_

I certify that the above statements are true and correct.

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



OAKLAND COMMUNITY COLLEGE®

## OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT

### ELIGIBILITY CHECK LIST

- HS Diploma (Freshmen)
- Transcripts
- Physical (dated after July 1, 2008)
- Insurance
- Parent Information
- Personal information
- Code of conduct & Permission Contract
- Break in Enrollment/Low enrollment form
- Team Roster
- Sports Schedule (AD to secure)

\*Once the eligibly form is printed, Coach must secure signatures from all players to complete the process for submission into NJCAA.