



**STUDENT ATHLETE  
FORMS PACKET**

**2010-2011**

Oakland Community College  
Athletic Department  
2900 Featherstone Road  
Auburn Hills, MI 48326  
Phone: 248.232.4513  
Fax: 248.232.4518



OAKLAND COMMUNITY COLLEGE®

## TABLE OF CONTENTS

STUDENT ATHLETIC ENTRANCE PARTICIPATION CHECKLIST	3
PHYSICAL EXAMINATION & INSURANCE PROCEDURES	4/5
PRE-PARTICIPATION PHYSICAL EVALUATION (STUDENT)	6/7
PHYSICAL EVALUATION (DOCTOR)	8
ATHLETIC INSURANCE/MEDICAL EMERGENCY INFORMATION	9
ACADEMIC PERMISSION STATEMENT	10
FERPA – AUTHORIZATION TO RELEASE INFORMATION	11
PHOTOGRAPHIC/PUBLICITY RELEASE	12
NJCAA CODE OF CONDUCT	13/14
NJCAA SPORTSMANSHIP STATEMENT	15/16
NJCAA ELIGIBILITY AFFIDAVIT	17/18
OCCAD CODE OF CONDUCT / SPORTSMANSHIP STATEMENT	19
STUDENT ATHLETE ENTRANCE SURVEY	20
STUDENT ATHLETE INFORMATION FORM	21
STUDENT ATHLETIC PROGRESS REPORT	22
BREAK IN ENROLLMENT / LOW ENROLLMENT FORM	23

## 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 – light green</b> Must be dated after July 1 <sup>st</sup> , 2010 <b>Page 8</b>	Coach	Before first day of team practice	
2.	<b>Insurance/Emergency Form – yellow</b> Must be dated after July 1 <sup>st</sup> , 2010 Include a copy of your Insurance Card (front and back) <b>Page 9</b>	Coach	Before first day of team practice	
3.	<b>Academic Permission Statement – Page 10</b>	AD	Student Athlete Orientation	
4.	<b>FERPA Permission Form – Page 11</b>	AD	Student Athlete Orientation	
5.	<b>Photography Permission – Page 12</b>	AD	Student Athlete Orientation	
6.	<b>Student Athletic NJCAA Eligibility Affidavit Page 16 &amp; 17</b>	Coach	Before first day of team practice	
7.	<b>Code of Conduct Statement - Page 18</b>	AD	Student Athlete Orientation	
8.	<b>Entrance Survey – Page 19</b>	AD	Student Athlete Orientation	
9.	<b>Copy of All Transcripts</b> (Transfer Students)	AD	Before first day of classes	
10.	<b>Copy of High School Diploma</b>	Coach	Before first day of team practice	
11.	<b>New Student Sports Athletic Information Form – Page 20</b>	AD	Student Athlete Orientation	
12.	<b>Break of Enrollment Form – light blue Page 22</b>	Coach	Before first day of classes	
13.	<b>Student Athlete Responsibility Sign-Off Sheet</b> (from Student Athlete Orientation Handbook)	AD	Student Athlete Orientation	5.

Have you completed the following?

	DESCRIPTION	YES	NO
1.	Applied online to OCC at <a href="http://www.oaklandcc.edu">www.oaklandcc.edu</a>		
2.	Taken your placement testing in the ASC*? or submit your ACT test scores?		
3.	Had a course planning session with a Counselor? (after testing completed – minimum 30 minutes!)		
4.	Registered for the NCAA Clearinghouse, questions – see the Eligibility Coordinator.		
5.	<b>Transfer Students</b> – Have you sent your official college transcripts to the OCC Enrollment Office?		

**\*Academic Support Center 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**

## **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 a physician, athletic trainer, coach or Director of Athletics. A physician, athletic trainer, coach or Director of Athletics will also make 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 of 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 are not paid by the family or employer group insurance, 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 your plan's service area.

Parents should retain this letter for future references. In addition, we ask that you complete the attached form **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**  
**PRE-PARTICIPATION PHYSICAL EVALUATION**  
 (To be completed by the **Student Athlete**)

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

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

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

Emergency Contact:

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

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

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

	YES	NO
1. Have you had a medical illness or injury since your last check up?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications? Or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or to improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any family member or relative died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had a severe viral infection (i.e. myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has a physician ever denied or restricted your participation in sports for any heart problem?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have any current skin problems (i.e. itching, rashes, acne, warts, fungus or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>

## 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:
- |                                   |                                    |                                     |
|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Head     | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Hip        |
| <input type="checkbox"/> Neck     | <input type="checkbox"/> Elbow     | <input type="checkbox"/> Thigh      |
| <input type="checkbox"/> Back     | <input type="checkbox"/> Forearm   | <input type="checkbox"/> Knee       |
| <input type="checkbox"/> Chest    | <input type="checkbox"/> Wrist     | <input type="checkbox"/> Shin, Calf |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hand      | <input type="checkbox"/> Ankle      |
| <input type="checkbox"/> Finger   | <input type="checkbox"/> 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

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

## 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. (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:		Is the company or plan listed above considered a:	
<input type="checkbox"/> Health Maintenance <input type="checkbox"/> Preferred Provider		<input type="checkbox"/> Health Maintenance <input type="checkbox"/> Preferred Provider	
Organization (HMO)                                      Organization (PPO)		Organization (HMO)                                      Organization (PPO)	
Is pre-authorization required to obtain treatment?		Is pre-authorization required to obtain treatment?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your insurance or plan require a second opinion before		Does your insurance or plan require a second opinion before	
Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 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)

# FERPA

## Authorization to Release Information

---

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student education records. Oakland Community College cannot release any personally identifiable information contained in a student's educational records without the prior written consent of the student. Spouses, relatives and parents (of students 18 years of age or older) are included in those restricted from free access to student information. (The law does grant certain privilege to parents of dependent children under 18). Students may grant a third party access to selected personal information when said party is acting as an agent of that student as may be variously defined from time to time. The agent(s) identified below will be granted limited and restricted access guided by the discretion of the appropriate College Officer. Oakland Community College does not abrogate any of its rights, under this procedure, which permit denial of access to information deemed not appropriate in the instant circumstance.

I, (FULL NAME) \_\_\_\_\_ authorize Oakland Community College to release information regarding my student account in whole or in part to the following individual(s).

	Full Name (First, Middle, Last)	Relationship to Student	Driver's License #	Last Four Digits of Social Security Number (Financial Assistance Only)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Date

- If you no longer wish for the listed individual(s) to act as your personal representative, you must notify the College in writing.
- Financial Assistance Students: You (with picture ID) must complete this form in the presence of the Office of Financial Assistance and Scholarships if you wish to provide the above-named individual(s) access to your financial assistance information.



## Photographic/Publicity Release

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

With the intention to gift the College, I hereby authorize Oakland Community College, its agents and employees, and any person, firm or organization that the College may designate or authorize, to use information and photographs or motion pictures with or without my name and biographical data concerning me, without limitation as to time and frequency of use, modified or retouched, for any and all of the following purposes when used in conjunction with the production and release of information about Oakland Community College activities: (strike out and initial any of the purposes not desired and authorized.)

1. News release (including print, television or radio)
2. Release to other media
3. Educational, instructional or teaching purposes
4. Fundraising, advertising and publicity activities

I also hereby waive and forego any right, entitlement or claim I might have to any compensation, fees or benefits by reason of any appearance on, or publication in, any communications media in accordance with the above. I specifically release Oakland Community College, its agents and employees and any person, firm or organization that the College may designate or authorize, from any liability or other obligation arising out of such information as I have herein authorized or from the use of any materials furnished by me in conjunction within.

Signature \_\_\_\_\_

Parent or guardian signature (required if a minor) \_\_\_\_\_

# NJCAA CODE OF CONDUCT

## ARTICLE XX: CODE OF CONDUCT

"This code of conduct applies to all regions, 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 participate 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.*

## 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:

Are you a United States Citizen or a Permanent Resident\*? Yes \_\_\_\_\_ No \_\_\_\_\_ (\*Holder of a Green Card or USA Passport)

Are you have another type of VISA? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what type? \_\_\_\_\_

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/year): \_\_\_\_/\_\_\_\_

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

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, 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. Have you ever received 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: \_\_\_\_\_

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

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



## OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT

### STUDENT ATHLETE ENTRANCE SURVEY

#### BACKGROUND INFORMATION

---

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

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

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

- Recruited by OCC Coach     Newspaper     Web Site  
 High School Coach     Friend     Other \_\_\_\_\_

#### GOALS & EXPECTATIONS

---

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

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

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

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

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

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

#### LEADERSHIP EXPERIENCE

---

List activities and any leadership experience you had prior to coming to Oakland Community College (i.e. clubs, religious, or community organizations)

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

What Leadership experience would you like to develop while you are at Oakland Community College? (check all that apply)

- Motivation     Interpersonal     Group Development     Self Awareness     Planning     Communication     Other \_\_\_\_\_

#### PEER TUTORING

---

This elective academic assistance program is one that matches up student athletes with each other to increase the academic standing of our student athletes in a comfortable atmosphere. **Would you be interested in our peer-tutoring program?**

- Yes, I would be interested in peer tutoring     No, I am not interested in peer tutoring

In what area would you be willing to be tutored or to be a tutor?

\_\_\_\_\_



### OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT

NEW STUDENT ATHLETE INFORMATION FORM – Please Fill Out Entirely.

Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs.  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Sport \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents Names \_\_\_\_\_ (If deceased, indicate as such)

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: \_\_\_\_\_

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

Were you chosen for any HS honors in this sport (All County, All Conference, Team MVP, ECT.)  
\_\_\_\_\_  
\_\_\_\_\_

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

Other HS sports you played and position along with individual or Athletic/Academic team honors won in other sports \_\_\_\_\_  
\_\_\_\_\_

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

List any additional hobbies, community service, volunteer or organizational memberships \_\_\_\_\_  
\_\_\_\_\_

*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 \_\_\_\_\_

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

STUDENT:	CAMPUS (Circle one): AH HL OR RO SF
DATE:	INSTRUCTOR:
SEMESTER (Circle one): Fall Winter	CLASS:

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

Attendance of student has been: (Please Check)

100%  Missed 1-2 classes  Missed 3-4 classes  Missed over 50%

Punctuality of student has been: (Please check)

On time  sometimes late  always late

Participation: (Please check)

Engages in class discussions  Participates once in a while  Rarely/Never participates   
Turns in work on time  Turns work in late  Student is very behind

Taking all factors into consideration, assess the student's performance to date:

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

Comments:

What actions do you recommend for this student?

Remain in class (doing well)  Tutoring  Academic Counseling  Other

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

This information on this form will be used for athletic eligibility purposes.

Please return completed form to the Student Athlete who is responsible for returning to his/her coach within one week.

***\*Please note: Signed FERPA and Athletic Permission forms for ALL athletes are on file with the Enrollment Services office as well as the Athletic Department to release information.***

If you have any questions, please contact the Director of Athletics – [lghuber@oaklandcc.edu](mailto:lghuber@oaklandcc.edu). Thank you



# OAKLAND COMMUNITY COLLEGE ATHLETIC DEPARTMENT

## BREAK IN ENROLLMENT / LOW ENROLLMENT FORM

A Student statement regarding delayed enrollment or interrupted attendance for the purpose of establishing athletic eligibility.

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/year to month/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: \_\_\_\_\_

