



# ATHLETIC DEPARTMENT ELIGIBILITY PACKET

NAME \_\_\_\_\_

STUDENT ID \_\_\_\_\_

SPORT \_\_\_\_\_

## PLEASE NOTE:

1. This packet must be completed in ink, turned into the Athletic Department and approved by a staff member before the Student Athlete may try out for a varsity team.
2. The enclosed Sports Examination Form is the **ONLY PHYSICAL EXAMINATION FORM** accepted by the Athletic Department.



OAKLAND COMMUNITY COLLEGE™  
Excellence *Empowered.*™



Name \_\_\_\_\_ Sport \_\_\_\_\_

**To be eligible to participate in a sport at Oakland Community College you must complete all of the following:**

**PHYSICAL EXAMINATION/CLEARANCE AND HISTORY QUESTIONNAIRE FORMS** – If you have not already taken your physical, please make arrangements right away, **until then you are not allowed to participate in practices until you have one on file. NO EXCEPTIONS.** These three (3) forms must be in the athletic office **PRIOR** to any tryout, visit, or practice – no later than the first day of classes for fall semester. **NOTE: Physical is good for 13 months, must be dated after June 1st.**

**NJCAA ELIGIBILITY AFFIDAVIT FORM** – Complete **ALL** questions. Please include a DELAY STATEMENT if you did not attend college or other educational institution for any length of time. **This form is used to determine Athletic Eligibility.**

**OFFICIAL HIGH SCHOOL TRANSCRIPTS** – First year and new players must bring their **OFFICIAL HIGH SCHOOL TRANSCRIPTS** to the AD or have them sent via electronic service (Parchment) to **ces@oaklandcc.edu**. Hard copies **MUST HAVE:** a) graduation date, b) seal and signature of school official. Individuals with G.E.D.'s must secure documentation of all high school participation.

**COPY OF COLLEGE TRANSCRIPTS** – Submit unofficial transcripts with this packet from **EVERY** college you have attended other than Oakland CC to assess eligibility. Include college classes taken while in high school, dual credit. **In order to be able to participate or for graduation and credit evaluation OFFICIAL transcripts must also be sent to Admissions and Records Office at Oakland Community College, 2480 Opdyke Road, Bloomfield Hills, MI 48304. Official electronic transcripts can be sent to ces@oaklandcc.edu.**

*I-20 Documentation for International Students (if required).*

**TRANSFER WAIVER** – Initiate an NJCAA Transfer Waiver Form if you have attended another community college **full time.** *Please see the OCC Athletics Department if this applies to you.*

**ACADEMIC/SCHOLARSHIP CONTRACT** – If you are not going to receive a scholarship you must still complete the scholarship contract. The situation may change where you may be awarded one at a later date. **LOI (Letter of Intent must be on file for audit.)**

**CODE OF CONDUCT FORM** – Read completely, fill in your social security number and sign attached form.

**PHOTO/PUBLICITY RELEASE FORM**

**FERPA STATEMENT** – signed

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM**

**INSURANCE AND EMERGENCY INFORMATION FORM** –  
Copy of insurance card is needed front and back

**Concussion Policy Acknowledgement**

**Student Athlete Responsibility Sign Off Sheet**

**1st Agency form (optional)**



Sport \_\_\_\_\_ Date \_\_\_\_\_

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

**PERSONAL INFORMATION**

Name (First, Middle, Last) \_\_\_\_\_ Birth date \_\_\_\_\_ ID number \_\_\_\_\_

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 and Country \_\_\_\_\_

Did you graduate? Yes No High School Graduation date, month/day/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/day/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 (month/day/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 NoIf yes, list the **dates** of that season, name of college, and describe the situation.\_\_\_\_\_  
\_\_\_\_\_

# NJCAA Eligibility Affidavit

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  
*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	Part-time? (Check one)
College _____	Dates _____	Full-time	Part-time? (Check one)
College _____	Dates _____	Full-time	Part-time? (Check one)
College _____	Dates _____	Full-time	Part-time? (Check 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 \_\_\_\_\_



Athlete's name \_\_\_\_\_

Student ID number \_\_\_\_\_

Date \_\_\_\_\_

The Coaching Staff is pleased that you chose to further your education and to pursue athletics here at Oakland Community College.

**PLEASE READ ALL OF THE BELOW THEN ADD YOUR SIGNATURE IF YOU AGREE.**

I accept this scholarship and agree to abide by the following conditions or thereby forfeit my privilege to any award during the current semester or its future renewal.

1. **I must be enrolled and be actively attending at least twelve (12) credit hours to maintain my scholarship.**
2. **I give my permission for the OCC Athletic Department to monitor my academic progress in classes.**
3. **I must achieve and maintain a 2.00 grade point average in at least twelve (12) credit hours each semester for which the award is to be granted.**
4. **I must participate to the satisfaction of the coach in the sport for which this award is granted. I must receive his/her recommendation for a future renewal of the award.**
5. **I will abide by the code of conduct set forth for athletes of Oakland Community College.**
6. **I must attend tutoring services if I am required to by the athletic staff.**

All student-athletes may take advantage of tutor services and are encouraged to do so to assist in their studies. If at any point a student-athlete drops below a 2.5, he/she will be required to attend tutoring services immediately and the following semester. Transfer students who enter with at least a 2.5 will not be required to attend tutor services their first semester. The 2.5 must be maintained in order to remain exempt from mandatory tutoring attendance. Tutoring services take place in the Academic Services Center on the designated campus. ASC policies and guidelines must be adhered to. You must take identification and refrain from using cell phones or utilizing computers for social networking. Contact information is available on the website or in your athlete handbook.

7. **I must complete a minimum of two (2) progress reports per semester by the dates listed by the athletic department or designated by the Head Coach.**

Any student with a grade of "D" or lower will be ineligible for training or competition as will those student who fail to turn the form in on the required due dates. Player will regain eligibility with written notification from the instructor of the class (es) they were in danger of failing. No exceptions. All student athletes regardless of GPA will be required to complete progress reports while competing in Oakland Community College athletics and allow the OCC Athletic Department to monitor academic progress in all classes.

8. **I must attend class regularly, missing only when absolutely necessary for reasons deemed acceptable by the athletic department and/or head coach.**

If any student is regularly missing classes, in any combination of sections, in a single semester for reasons deemed unacceptable by the athletic department (acceptable reasons – extreme illness, family death) the student could face a number of consequences including not being allowed to start, suspended for one or multiple games or being kicked off the team. Consequences will carry over from one semester to the next or to the next athletic season if necessary.

I understand the contents of this agreement and consent to all of its conditions. I understand that if I do not meet the above guidelines any scholarships awarded to me can be withdrawn. I can also be subject to single or multiple game suspensions.

\_\_\_\_\_  
Signature of Scholarship Recipient

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Signature of Director of Athletics

\_\_\_\_\_  
Signature of Parent or Guardian  
(Scholarship recipient is under 18 years old)



I \_\_\_\_\_  
freely choose to participate in the athletic program (henceforth referred to as the “program”) at Oakland Community College. Oakland Community College is a public educational institution. References to the **college** (“**college**”) include all of the campuses within the Oakland Community College “OCC”, its officers, officials, employees, volunteers, students, agents, and assigns. In consideration of my participation in this program, I agree as follows:

**ASSUMPTION OF RISK:** Participation in the athletic programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I know, understand and appreciate these and other risks inherent in the athletic programs. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**WAIVER OF LIABILITY:** In consideration of being permitted to participate in the athletic program, I, for myself, and my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the **college**, its elected and appointed officials, employees, agents, students and volunteers from liability from any and all claims due to negligence or accident resulting in personal injury or illness (including death), and property loss arising from my participation in the athletic program.

**INDEMNITY AGREEMENT:** I agree to indemnify and hold harmless Oakland Community College its elected and appointed officials, employees, agents, students and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in the athletic program.

**INSTITUTIONAL ARRANGEMENTS:** I understand that **college** is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the program. I understand that **college** is providing these services only as a convenience to participants and that accordingly, **college** accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that **college** is not responsible for matters that are beyond its control. I acknowledge that **college** reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by **college**.

**INDEPENDENT ACTIVITY:** I understand that **college** is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any **college** activity. In addition, I understand that any travel that I do independently on my own before or after the **college** sponsored program is entirely at my own expense and risk.

**TRAVEL CHANGES:** If I become separated from the program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the program group at its next available destination.

**SPECIFIC HAZARDS OF TRAVEL:** (Specific dangers endemic in this program’s area of travel.) Travel to and from practices and games by car, bus, train, or air.

**HEALTH AND SAFETY:** I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this program. I have obtained the required immunizations, if any.

I recognize that **college** is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this program, I authorize in advance the representative of the **college** to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. **College** may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the OCC and me. I release the OCC, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in program, as well as any medical treatment decision or recommendation made by an employee or agent of the OCC. I agree to pay all expenses relating thereto and release **college** from any liability for any actions.

**SIGNATURE:** I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Michigan which shall be the forum for any lawsuits filed under or incident to this Release Form of to the program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

\_\_\_\_\_  
Signature of Student (or Parent/Guardian if under 18)

\_\_\_\_\_  
Date



The Oakland Community College student athlete accident insurance policy, which provides insurance for student athletes who sustained injuries while participating in the play or practice of intercollegiate sports, is secondary or "excess" coverage. This insurance policy is **NOT** a health insurance policy and may not be used in cases of illness. It will not pay 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.)

Any other accident insurance coverage under which the athlete may be covered is considered to be "primary" coverage (insurance through parents, employer, etc.). If any athlete is injured and covered under a primary plan, a claim must be filed under both policies. The college secondary or "excess" plan will pay only after the primary insurance company has made payment. If there is no primary coverage, then our student accident insurance will pay what is considered to be reasonable and customary charges. If this does not cover the entire bill, then the student athlete is responsible for the remaining balance.

I hereby authorize any insurance company, hospital, physician or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, x-rays, lab reports, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records to the designated trainer services for the OCC Athletic Department. A photocopy of this authorization shall be considered as effective and valid as the original. Your signature below also shows that you agree to allow the designated Athletic Training services, and designated Team Physicians the right to render and/or refer treatment for any athletic injury that may occur. I also give my permission for payment to be made directly to a physician for services rendered by my insurance company.

I have read and understand the above statement.

\_\_\_\_\_  
Name printed \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student (or Parent/Guardian if under 18) \_\_\_\_\_  
Date

I am  I am not  (check one) covered under an accident insurance policy in addition to the OCC student accident policy.

Student-Athlete's Name \_\_\_\_\_ Student ID \_\_\_\_\_

Sex: (check one)  Male  Female Date of Birth \_\_\_\_\_ Sport \_\_\_\_\_

Local Address \_\_\_\_\_  
City State ZIP

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Mother  Father  Self  Spouse

Insurance Company \_\_\_\_\_ Policy / ID \_\_\_\_\_ Group \_\_\_\_\_

Insurance Company Phone \_\_\_\_\_ Type of Insurance: HMO  PPO  Indemnity  Other \_\_\_\_\_

Insurance Company Address \_\_\_\_\_  
City State ZIP

Do you have secondary insurance carrier? (check one) Yes  No  If yes, complete a second form for the policy holder.

In case of Emergency, please notify \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
City State ZIP

Allergies or Medical Conditions (i.e. diabetes, asthma, penicillin, etc) \_\_\_\_\_

Medications (i.e. albuterol, insulin, EpiPen): \_\_\_\_\_



Name \_\_\_\_\_ Sport \_\_\_\_\_

When you participate in intercollegiate athletic competition, you represent Oakland Community College and will be in the public eye. Your personal conduct must reflect favorably upon your team and OCC on/off season. As a member of an OCC athletic team, you are expected to demonstrate acceptable behavior. The acceptance of athletic scholarships and participation as a member of an athletics team holds academic and athletic responsibilities for the student-athlete. These are as follows:

**ACADEMIC**

- Attend classes regularly and complete all academic work;
- Meet with academic advisors each semester and attend study hall and complete progress reports, as directed;
- Maintain an academic load of at least 12 credit hours per semester and make satisfactory progress toward a degree

**ATHLETIC**

- Abide by all team, departmental, college, and NJCAA rules;
- Follow a nutrition and exercise program as recommended by your coach
- Abide by all rules imposed during practice and competitions, and at any other time when representing OCC
- Take proper care of equipment and return it in good condition; and
- Treat all players, officials, spectators and coaches courteously and with respect (see Sportsmanship Policy below)

**GENERAL**

- When representing Athletics and OCC, act in an appropriate manner in both behavior and dress.
- Obey all federal, state and city laws; and
- Do not use tobacco, alcohol and non-therapeutic drugs (see Tobacco, Alcohol/drugs Policy below)

**NJCAA CODE OF CONDUCT**

- A) Sportsmanship: Certain standards of behavior are expected of all student-athletes and team personnel participating in any NJCAA event. Student-athletes are guests at any event; their participation is a privilege not a right. Sportsmanship and citizenship are modes of conduct that promote and develop respect for fellow participants, coaches, and teammates. That respect should also be reflected in the behavior of each student-athlete toward officials and spectators.
- B) Alcohol/Drugs: The use of all alcohol/drugs at any NJCAA sponsored event is prohibited. Any game official having reasonable cause to believe a student-athlete is using or is sufficiently impaired so as to endanger the individual or other individuals participating in said event by virtue of injury, use of alcohol, or drugs (including but not limited to performance enhancing or pain killing drugs) may remove or disqualify said individual from further participation in the sporting event.
- C) Tobacco: The use of all tobacco products shall be prohibited in all practices and athletic events conducted under the auspices of the NJCAA and member institutions. The event official shall immediately enforce event disqualification and/or additional penalties.

The Code of Conduct will be strictly enforced--warnings will NOT be given. Student-athletes are reminded that participation in athletics is a privilege and not a right. Additional disciplinary actions, above those stipulated by a game official, for any violation of the Code of Conduct will be assessed by the Athletic Director and may vary based on the type and severity of the violation. Penalties for violation of any part of the code may include:

- Event disqualification;
- Future game suspensions;
- Suspension, modification, and/or non-renewal of athletic related financial aid;
- Permanent dismissal from the athletic program

Examples of actions for which student-athletes may be subject to disciplinary action

- Cheating on exams, laboratory work, written work (plagiarism); falsifying, forging, or altering college documents.
- Intentionally or recklessly interfering with normal college or college-sponsored activities.
- Unlawfully taking the personal property of another.
- Destroying property of OCC, property of a student, or other property.
- Using or possessing, or distribution of marijuana, narcotics, or dangerous drugs on or off campus.
- Using intoxicating liquors or alcoholic beverages on campus and/or while traveling with the team.
- Violating Michigan statutes and/or college regulations and policies.

If the Department of Athletics becomes aware of an alleged violation of this Code of Conduct not reported by the student-athlete, the Athletic Director will take reasonable steps to verify the validity and accuracy of the report. These steps may include interviews of students and employees, or of non-college persons having knowledge of relevant facts and the examination of documents. The Athletic Director will normally meet with the student athlete prior to the imposition of discipline; however, in extenuating circumstances, the Athletic Director may suspend the student-athlete before the meeting.

I have read and understand the Code of Conduct as it relates to my participation in athletics at Oakland Community College. I understand that I am responsible for my actions and that a violation of the Code of Conduct may result in a variety of penalties including permanent dismissal from the OCC athletics program.

Student Name (print) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_





Name \_\_\_\_\_ 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) \_\_\_\_\_



# 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 are included in those restricted from free access to student information. (The law does grant certain privileges to parents of dependent children.) 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, MI, LAST)	RELATIONSHIP TO STUDENT	DRIVER'S LICENSE #	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (FINANCIAL ASSISTANCE ONLY)	BIRTHDAY
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.