

Rogue Community College Athletics



RCC OSPREYS

2020-21 New Athlete Packet



www.roguecc.edu/athletics
ospreys@roguecc.edu



Rogue Community College

Athletic Department

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You only need to complete and return pages 4, 5, 12, 13, 14, 15, 16, and 18-23 of this packet.

The following items must be completed and returned by **July 20, 2020****:**

- _____ Each **bold** item in the Table of Contents (pages 4, 5, 12, 13, 14, 15, 16, and 18-23)
- _____ A copy of your immunization record documenting two doses of Measles, Mumps and Rubella (MMR)
- _____ A copy of the front and back of the card for any insurance coverage you have

You are not cleared to participate in practice or team sports until ALL athletic forms are complete and the Athletic Department has cleared you. You are not necessarily ELIGIBLE to participate until full eligibility has been verified. See the Athletic Department if you have eligibility questions.

Failure to return your completed forms before July 20 may mean you are not eligible to participate in practices beginning August 1. You will be ineligible to practice until all forms are submitted and reviewed.

Return your forms:

Scan and email to: ospreys@rogucecc.edu

Mail to:

**Rogue Community College
Athletic Department RVC-G129
3345 Redwood Hwy
Grants Pass, Oregon 97527**

Special Instructions

Page 5 – Must be fully completed.

*You must mark one of the boxes at the bottom of the page.

*Must be signed by the insurance policy holder if other than yourself.

Pages 6-12

*Carefully review pages 4-9 carefully before signing the acknowledgements on Page 12.

Pages 18-23

*We recommend waiting until after July 1 to have your physical based on NWAC Regulations

If you need clarification or have questions about the information in this packet please email the Athletics office at ospreys@rogucecc.edu or call the Athletics office at 541-245-7770.



Rogue Community College Athletic Department

Basic Information Form 2020-21

Legal Name: _____ RCC ID: _____

Date of Birth: _____ Age: _____

Sport(s): _____

Colleges previously attended (list all): _____

**** You must request an official transcript from EACH college attended be sent to:**

Rogue Community College
Attn: Student Records/Transcripts
3345 Redwood Hwy
Grants Pass, OR 97527

Other names: _____

Home address: _____

City/State: _____ Zip: _____

Local address (if different): _____

City/State: _____ Zip: _____

Email address: _____ Cell Phone: _____

High School: _____ City & State: _____

High School Grad Date: _____ International Student Yes No

Athletic Department Use Only:

Season of Eligibility 1 2

Athletic Transfer Yes No If yes, NWAC Member Yes No

Official Transcripts Needed? Yes No If yes, date received: _____

First Quarter of Participation: _____

Red Shirt Season Yes No

1st Quarter Freshman Yes No

Credits earned last quarter: _____ (10+ Rule)

Credits enrolled current term: _____ (in season, 12+ Rule)

Credits earned since 1st quarter of participation: _____ (36+ Rule)

2nd year Cumulative Grade Point Average (GPA): _____

Petitions? _____

Out of Area Disclaimer Sent? _____

Tracer Reports required? Yes No If yes, from: _____



ROGUE COMMUNITY COLLEGE
Student-Athlete Information Form
Emergency Contact/Insurance Information

Sport(s): Men's Soccer
 Volleyball
 Women's Soccer

Athlete Name: _____
 Parent 1/Guardian: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Home Phone: (____) _____
 Work Phone: (____) _____ Cell: (____) _____

Gender: Male Female
 Parent 2/Guardian: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Home Phone: (____) _____
 Work Phone: (____) _____ Cell: (____) _____

In case of emergency, contact:

Name: _____

Telephone: _____

****PARENT(S): IS STUDENT-ATHLETE COVERED UNDER YOUR MEDICAL INSURANCE POLICY? YES NO If yes, complete the following:**

****STUDENT-ATHLETE: IF YOU CARRY YOUR OWN MEDICAL INSURANCE COVERAGE, PLEASE COMPLETE BELOW:**

Primary Insurance Company: _____
 Plan: _____ Group #: _____
 Member ID #: _____ HMO PPO
 Subscriber Name: _____
 Insurance Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

Secondary Insurance Company: _____
 Plan: _____ Group #: _____
 Member ID #: _____ HMO PPO
 Subscriber Name: _____
 Insurance Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

*****YOU MUST ATTACH A COPY OF THE FRONT AND BACK SIDE OF YOUR INSURANCE CARD*****

Many insurance companies do not provide medical coverage in areas outside of your home address. It is the responsibility of the student and insurance policy holder of the student to verify **athletic medical coverage** while participating in an athletic program at Rogue Community College (RCC).

I have contacted my insurance company and have been told that I **DO** have the recommended ATHLETIC coverage for sports at RCC.

I have not contacted my insurance company OR I do NOT have recommended ATHLETIC coverage for sports at RCC.

To the best of my knowledge, the above information is accurate and complete. In the event of a change, it is the responsibility of the student-athlete to notify their Head Coach.

Failure to provide complete information regarding insurance coverage and previous medical history, whether intentional or otherwise, may result in ineligibility to participate in RCC Athletics. In the event of denial of private insurance company claims, the student athlete is ultimately responsible for all medical expenses.

Student Athlete Signature: _____ Date: _____

Policy Holder Signature: _____ Date: _____



Rogue Community College Athletic Department

FERPA and Authorization to Release

1. I acknowledge and give permission for my Coach, the Director of Athletics, and Athletic Department Staff to keep in correspondence with all of my instructors at Rogue Community College in regard to my progress in classes and grades, by term, for the specific year(s) referenced on the signature page.
2. I acknowledge and give permission to the Athletic Department of Rogue Community College to report to the NWAC League Office in Vancouver, WA income I have received from Athletic Talent Grants, Federal Financial Aid, Work Study, and any Athletic or Institutional campus earnings for the specific year(s) referenced on the signature page.
3. I authorize Rogue Community College to use the following identifiable information for the purpose of educational or athletic publications, promotional advertising, and/or other materials or presentations:
 - Photographs, images, or likeness
 - Information you provide in interviews or recordings
 - Information related to your program of study, major or degree completion
 - Your name

*Students' likeness or other information may be used in print ads such as billboards, all news media, magazines, websites, social media, college catalog or schedule, and in promotional videos that may be broadcast on television and/or Internet.
4. I authorize Rogue Community College to give my contact information to news media for interviews, filming or photographs.
5. I acknowledge and give permission for my coach, the Director of Athletics, and department staff to discuss my academic progress and contact information with college recruiters and professional scouts.



Rogue Community College

Athletic Department

Authorization for the use and/or Disclosure of Student Athlete Health Information (HIPPA)

I authorize the use and/or disclosure of my health information as provided for below:

- This authorization applies to all health information about me that is now (or, during the period covered by this authorization, may be) in the possession, custody or control of the persons or entities (or classes of persons or entities) identified in Paragraph 2 below. As used in this authorization, "health information" means my entire health or medical record, including, but not limited to, all information relating to any injury, sickness, disease, condition, medical history, medical or clinical status, diagnosis, treatment or prognosis, and includes (without limitation) clinical notes, test results, laboratory reports, x-rays and diagnosis imaging results.
- I authorize the following persons and entities (or classes of persons and entities) to use and/or disclose (to the individuals specified in paragraph 3 below) any of the health information about me that is (or, during the period covered by authorization, may be) in their possession, custody, or control for the purposes described in paragraph 3 below and athletic department personnel with whom I have consulted.
- I authorize the persons and entities (or classes of persons and entities) described in Paragraph 2 to disclose any of the health information about me that is (or, during the period covered by this authorization, may be) in their possession, custody, or control, for any purpose relating to athletics at Rogue Community College, all health care providers including but not limited to physicians, laboratories, clinics, Athletic Trainers seen with relationship to any illness or injury for the life of this authorization.
- I acknowledge that there exists the potential that information disclosed pursuant to this authorization might be subject to re-disclosure by the recipient and thus no longer be protected by HIPAA in certain circumstances.
- I understand that I have the right to revoke this authorization at any time, but that my revocation will not be effective to the extent that any of the persons or entities (or classes of persons or entities) I have authorized to use and/or disclose my health information have acted in reliance upon this authorization. My revocation must be in writing and be sent to the Administrative Services at Rogue Community College. I further understand that my right to revoke this authorization shall not serve to excuse any failure on my part to comply with the policies and procedures related to athletic injuries as a participant on a sports team and Rogue Oregon Community College.
- I further understand that by choosing to revoke this authorization, I may be ruled ineligible to continue participation in Rogue Community College athletics.
- This authorization expires one year from the date it is signed, unless previously revoked.



Rogue Community College

Athletic Department

Hazards and Risks

Informed acknowledgement of hazards and risks connected with participation in athletics

Warning:

- Participation in any athletic activity can involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possibly crippling injury to one's body. There is also the possibility of suffering emotional distress or psychological injury as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor cuts, scrapes, bruises, muscle strains, bone fractures and dislocations to catastrophic injury, such as paralysis or death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.
- Athletics are competitive team and individual sports. Athletics involve the RISKS OF SERIOUS INJURY OR DEATH. Injuries in sports are common, and occur to all parts of the body, including the head and neck, shoulders, arms, chest, hands and fingers, hips and legs, knees, and ankles and feet.
- The risks of injury in sport include the possibility of injury to the neck and spinal column or cord, resulting in complete or partial paralysis; injury to the head, resulting in brain damage; and injury to the body's bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system. Injury to the body's nerves, the heart and blood vessels, and other internal reproductive organs is also possible. Such injuries may cause temporary or permanent disability.
- Fatalities in athletics typically are caused by direct blows to the chest or from head and neck injuries caused by being hit with flying objects or by colliding with other players or stationary objects.
- Pre-existing medical conditions, including illness, disease, and prior injuries can be aggravated or cause other injuries while engaged in athletics. Use of drugs, alcohol, or medications can contribute to injury or illness while participating in athletic activity. Some injuries may be caused as a result of poor physical conditioning and overexertion. Such overexertion can result in injury to muscles, the heart, and other body parts, resulting in sprains and strains, cardiac or cardiopulmonary arrest, and other medical conditions.
- Athletic injuries can also result from the use of correct or incorrect playing techniques used in tryouts, practices, warm-ups, drills, games, plays, or other similar undertakings. Injury to the head or other parts of the body can result from contact either other participants, the playing surface, training equipment, and other solid, objects in and around the playing area. Injury can result from the improper fit of equipment, from defective or worn out equipment, and from otherwise and/or failing to use equipment or other protective gear.
- Injury can result from training room procedures; from the use of training equipment; from the administration of first aid; or from failing to follow game, training, safety, or other team rules. Injury may result from the use of playing techniques taught or from teaching methods employed by the coaches of this community college. The use of transportation provided or arranged by the college to and from athletic contests and other related activities also involves a risk of injury or death.
- The purpose of this WARNING is to bring your attention to the existence of potential dangers associated with athletic participation. **There is always the risk of other types of injuries or the risk of injury or death resulting from other causes not specified here.**
- The purpose of this WARNING is also to aid you in making an informed decision as to whether you (or your child or ward) should participate in this athletic activity and, as a condition of such participation, sign the foregoing ACKNOWLEDGMENT OF HAZARDS AND RISKS CONNECTED WITH PARTICIPATION IN ATHLETICS. In addition, its purpose is to make you aware that as a student athlete (or as a parent or guardian of a student athlete), it is your responsibility to learn about and/or to ask coaches, physicians, or other knowledgeable persons about any concerns that you might have at any time regarding athletic safety and participation in the community college's athletic program.

Please read carefully and be sure you understand before you sign. If you have questions or concerns, email [Darren Van Lehn](mailto:Darren.VanLehn@roguecc.edu), Athletic Director, or call at 541-245-7770 before signing.



Rogue Community College

Athletic Department

Student Athlete Injury Policy

In accordance with Rogue Community College (RCC) Administrative policies, a student athlete must maintain primary medical insurance coverage for the duration of his or her participation in RCC athletics. This includes maintaining coverage when mandatory classes for team participation are being attended/off season classes. If injured, a student athlete must maintain coverage until he or she has fully recovered.

Important considerations:

- All athletic injuries, occurring on- or off- campus, must be reported immediately to the coach and Athletic Director.
- An Incident Report must be filed by the athlete's coach the day of the injury.
(Forms are available online at [https://roguenet.roguecc.edu/IncidentReport/.](https://roguenet.roguecc.edu/IncidentReport/))
- Primary insurance information will be verified each time an Incident Report is completed for a student athlete.
- During treatment, until a physician's written clearance is obtained, the student athlete will maintain regular communication with the head coach.

The student athlete is responsible for:

- All medical expenses including ineligible charges
- All coordination of benefits with private insurance carriers
- Reporting any change of address, telephone number, or insurance information.
(Do so within 14 days of the change)

A Failure to disclose information about primary or other relevant insurance coverage when filing an Incident Report is insurance fraud. In the event of fraud, RCC may revoke participation.



Rogue Community College Athletic Department

Eligibility Regulations

I am fully aware of the eligibility regulations which govern my participation in intercollegiate athletics. The specific regulations are as follows:

- Student athlete must be regularly enrolled in at least **12 hours** of college work per term and maintain a **2.0 cGPA** or better. Nine (**9**) of these hours must be academic units. If a freshman eligible student-athlete does not meet any of the above mentioned eligibility requirements, they will be put on academic probation. They must meet with their coach to develop a plan of improvement that must be approved by the Director of Athletics. This plan may include, but is not limited to: weekly attendance checks, weekly grade checks, tutoring sessions, meeting with Athletic Advisor, meeting with Director of Athletics and non-participation in contests.
- To participate in any second season of a sport, you must have earned a minimum of **36 credits** and maintained a **cumulative 2.0 GPA** during any term of participation. You must also have passed a minimum of 10 credit hours the previous term to maintain eligibility. Anyone not meeting the above mentioned requirements may lose their eligibility. Student-athlete must meet with their coach to develop a plan of improvement that must be approved by the Director of Athletics. This plan may include, but is not limited to: weekly attendance checks, weekly grade checks, tutoring sessions, meeting with the Athletic Advisor, meeting with Director of Athletics and non-participation in contests.
- Must be officially registered for classes 20 days prior to the start of the term for which your sport competes.
- Must have a current medical examination and proof of measles immunization on file at Rogue Community College. "Current" is defined as any time **after July 1** of the year prior to competition.
- Transcripts of all previous college work must be on file at Rogue Community College.
- Any information falsely given or concealed pertinent to my eligibility will make me ineligible for further competition and will cause my college to forfeit any contest in which I played or points earned as an individual.

Code of Conduct:

As a member of Rogue Community College Athletics I will be a positive representative of the college. I will conduct myself in an appropriate way and be a leader in the community. I understand that when I am participating in Rogue Community College events I am representing the college. I will abide by all rules, laws and regulations that I am accountable to. When traveling I will treat the opposing team and accommodations with the same respect I would expect from them.

Substance Abuse:

I will refrain from any use of drugs or alcohol during the season.

I understand that any use of drugs or alcohol is justification for expulsion from the team. I understand that the use of chemical substances will alter my performance as an athlete thus affecting myself, my team and the college.

Conditional Responsibilities:

As a member of Rogue Community College Athletics I understand I will be responsible to partake in fundraising events. I will assist by giving my time and resources above and beyond training and games. I understand these activities will be expected of me in and out of the regular season. Without my help I know this program would not be possible.



Rogue Community College Athletic Department

Athlete Concussion Information Sheet

Reformatted from the Center for Disease Control's Head's Up Concussion Program.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

SIGNS AND SYMPTOMS	Signs Observed by Others	Symptoms Reported by Athletes
Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion listed after a bump, blow, or jolt to the head or body, s/he must be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom free and it's OK to return to play.	<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Mood, behavior, or personality changes • Can't recall events <i>prior</i> to hit or fall • Can't recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> • Headaches or "pressure" in the head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to noise or light • Feeling sluggish, hazy, foggy or groggy • Concentration or memory problems • Confusion • Just not "feeling right"

CONCUSSION DANGER SIGNS In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- Slurred Speech
- Becomes increasingly confused, restless, or agitated
- Weakness, numbness, or decreased coordination
- A headache that not only does not diminish, but gets worse
- Loses consciousness (even a brief loss of consciousness should be taken seriously)
- Convulsions or seizures
- Cannot recognize people or places
- Has unusual behavior
- Repeated vomiting or nausea

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

- If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing s/he is much more likely to have another Concussion.
- Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

- If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the Injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom free and it's OK to return to play.
- Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

ATHLETE ACKNOWLEDGEMENT The athlete agrees that if it appears they have sustained a concussion or head injury, they will be removed from any program activity until such time that a trained medical professional can examine them and approve their return to play in the activity pursuant to Oregon Statutes 336.485 and 417.875 relating to concussions and other head injuries. In such case, the athlete will have to provide a **written clearance from a trained medical professional** to return to play.



Rogue Community College Athletic Department

2020-21 Signature Page

By my initials and signatures, I acknowledge that I have read, understand, and agree to the policies, procedures, rules, and responsibilities as defined in the 2020-21 Rogue Community College Athlete Packet I received.

This includes information I reviewed in the following areas. Please initial each box indicating you have read/reviewed the information.

FERPA - I certify that I have read, understand, and agree to the AUTHORIZATION of FERPA INFORMATION.

HIPPA – I have read the Authorization for the use and/or Disclosure of Rogue Community College Student Athlete Health Information and fully understand and agree.

HAZARDS & RISKS - I have read the ACKNOWLEDGMENT OF HAZARDS & RISKS which is incorporated here by reference, and I understand that athletics are a sport involving the RISKS OF INJURY OR DEATH. I also understand that by participating (or by permitting my child or ward to participate) in the athletic program at this community college, I (my child or ward) am subject to the possibility of injury or death as outlined in the WARNING above. FURTHERMORE, BY SIGNING THIS ACKNOWLEDGMENT OF HAZARDS AND RISKS, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING, AND THAT I AGREE TO ITS TERMS AND CHOOSE TO PARTICIPATE (OR TO PERMIT MY CHILD OR WARD TO PARTICIPATE) IN THE INTERCOLLEGIATE ATHLETIC PROGRAM AT THIS COMMUNITY COLLEGE.

ACKNOWLEDGEMENT OF STUDENT ATHLETE INJURY POLICY – I have read and understand Rogue Community College’s Student Athlete Injury Policy. I hereby assume all responsibility of medical bills related to my participation in Rogue Community College Athletics. Rogue Community College is NOT responsible for any of my medical bills.

ELIGIBILITY REGULATIONS – I certify that I have read, understand, and agree to abide by all of the Eligibility Regulations and Code of Conduct Rules. I further certify that if I have not understood and information contained in the document, I have sought and received an explanation of the information prior to initialing/signing.

CONCUSSION INFORMATION SHEET – I accept responsibility for reporting all injuries and illnesses to my athletic trainer or coaches associated with my sport including any signs and symptoms of CONCUSSIONS. I have read and understand the information provided on CONCUSSIONS. I will inform the supervising coach, athletic trainer, or team physician immediately if I experience any of the symptoms or witness a teammate with any of the symptoms described.

NOTE: If you have questions about any of the material you have read, please get clarification before initialing/signing.

Name _____ Sport _____

Signature _____ Date _____

Parent/Guardian Signature (if student/athlete is under age 18)

_____ Date _____



Off-Campus Field Trip/Sponsored Events STUDENT TRAVEL PARTICIPATION AGREEMENT

Page 1 of 2

Because college-sponsored student travel is a privilege, this agreement was developed to clarify the roles and responsibilities of all students traveling to attend Rogue Community College field trips or co-curricular events.

Please review this form, complete all sections (Participation Agreement, Emergency Information) and return it with your signed "Field Trip, Off-Site Training and Club Events Agreements and Release Form" to your event sponsor.

As a College-sponsored activity, participating individuals are required to abide by the policies and procedures established by the Student Code of Conduct as well as by the Governing Board of the Rogue Community College. Participants are also required to follow the policies and procedures set forth by the college and/or the organization hosting the event.

Travel costs (transportation, per diem for meals, lodging, and registration) are available as agreed upon in the travel proposal. Participants are further responsible for all incidental expenses.

Rights and Responsibilities

Students have the.....

- **Right** to become better acquainted with members of your own college
- **Right** to "network" with other event participants
- **Right** to enjoy the personal and professional opportunities offered at the off-campus event
- **Right** to have the respect of peers and advisors
- **Right** to seek and secure support of peers and advisors
- **Right** to expect advisors to adhere to the same responsibilities expected of students

Students have the.....

- **Responsibility** to respect others, including lodging roommates, hotel/lodging staff and property
- **Responsibility** to attend, on time, all workshops, classes, seminars, etc. available at the event
- **Responsibility** to wear appropriate attire for each activity as adopted/suggested by the event sponsor
- **Responsibility** to follow all College, conference sponsor, hotel/lodging, state, and federal regulations/laws
- **Responsibility** to stay on site during the event (unless other arrangements have been made and approved by the event sponsor).
- **Responsibility** to reside/sleep in overnight accommodations assigned to you
- **Responsibility** to take reasonable precautions to ensure safety of self and others
- **Responsibility** to smoke only in designated smoking areas
- **Responsibility** to abstain from possession and/or consumption of any type of intoxicants between event departure and return times, and to remove yourself from the company of anyone indulging in intoxicants.
- **Responsibility** to understand and abide by all provisions of the RCC Student Code of Conduct

I have read this agreement and will act in an appropriate manner for the duration of this event. If I have a question, concern or problem, I will locate my event sponsor for immediate assistance.

Student Signature or Signature of Parent or Legal Guardian (if student is under 18)

Date

Student ID#

Student Name (please print)

Various locations - practice, training, scheduled scrimmages and games
Travel Destination

Event Sponsor Signature

RCC Athletic Team - Men's Soccer, Women's Soccer or Volleyball
Student Organization/Activity/Class

Approved by E-Team 5/18/09



FIELD TRIP, OFF-SITE TRAINING AND CLUB EVENTS AGREEMENT AND RELEASE FORM

Assumption of Risk

Participant understands and agrees that participation in intramural sports, certain club events and field trips may involve foreseeable and unforeseeable risks and hazardous activity which may be dangerous and may involve the risk of severe injury, and/or death, and/or property damage to Participant or bystanders. Participant hereby releases RCC, and its agents, from any and all liability for injury, damage and/or loss, including but not limited to death, to Participant or third parties or property which may result from Participant's voluntary participation in club activities, or recreational field trips, intramural sporting events, or off-site training or education, or such other voluntary activities, **including but not limited to any such injury, damage or loss that may arise as a result of the negligence of RCC.** Participant, or parent/guardian freely and voluntarily authorizes participation in the below mentioned activities with knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury, death, or other damage or loss.

Participant understands that Participant is responsible for exercising caution and common sense at all times to avoid injury. Participant understands that RCC and any off-campus training or educational facility are not responsible for any injury, damage and/or loss whatsoever suffered by Participant during periods of personal time (which Participant understands is any time period unsupervised by RCC supervising staff), **including but not limited to any such loss, damage or injury that may arise as a result of the negligence of RCC.** Participant certifies that Participant is in good health and has no physical condition that would prevent participation in the below named activities. Participant's personal medical insurance shall serve as primary medical coverage if accident or injury occurs. Participant consents to emergency medical treatment for Participant in the event such treatment is required.

Rules of Participation

Participant agrees to comply with RCC's rules, standards and instructions for student behavior. Participant agrees that RCC shall have the right to enforce appropriate standards of conduct, and that it may at any time terminate participation in the RCC program, field trip, or activity for failure to maintain these standards or for any activity or conduct which the RCC considers to be incompatible with the interest, harmony, comfort, and welfare of other students/participants. If participation is terminated, Participant consents to being sent home at Participant's own (or Participant's parents') expense with no refund of fees (if applicable).

Participant understands that Participant must abide by all RCC policies as published in the Student Catalog. According to the Student Catalog:

"The unlawful possession, use, manufacture, or distribution of controlled substances is prohibited at RCC. The use or possession of alcoholic beverages at the college or at any college-sponsored event also is prohibited. Anyone under the influence of alcohol or controlled substances may be removed, dismissed, or suspended from college functions, classes, activities, or responsibilities."

Participant understands that this section in the Student Catalog applies to all students and guests participating in field trips, club events, and all off-campus training or education, as well as on-campus events.

Participant agrees that photographs, pictures, slides, movies, video, audio or other media coverage of Participant may be taken during the activity without compensation by RCC, and Participant hereby consents to the use of such material by RCC and its agents for any legal purpose.

Release of Claims

All references in this Agreement and Release to the RCC and its agents shall include the Rogue Community College District, its officers, directors, staff members, campus directors, counselors, group leaders, employees, agents, and

Approved by E-Team 5/18/09

PLEASE CAREFULLY AND COMPLETELY READ THE FOLLOWING INFORMATION

Completion of the following medical history and examination form is mandatory for participation in the sports programs of this college. Please make sure that all statements regarding your personal information and medical history is complete and accurate.

NWAC Regulations state: "After July 1st and prior to the first practice for participation in intercollegiate athletics, a student shall undergo a thorough medical examination and be approved for intercollegiate athletic competition by a medical authority licensed to perform a physical examination by the laws applicable in the state where the exam is conducted. Those licensed and approved to perform physical examination by the laws applicable in the state where the exam is conducted." Those licensed to perform physical examinations in the State of Washington include M.D., Doctor of Osteopathy (D.O.), Certified Registered Nurse (C.R.N.), Naturopath (N.D.) and Physician's Assistant (P.A.). The physical examination shall be valid for twenty-four (24) consecutive months to the date unless otherwise limited by the physician indicating the physical is only good for less than twenty-four (24) consecutive months.

This form is to be completed and signed by the student or, if the student is under the age of 18, by the student's parent or guardian. Any information withheld or falsified may affect the student's status on the athletic team and/or the student's scholarship funding. The college reserves the right, with the student's authorization, to request past medical records, charts and diagnoses regarding injuries, medical history or physical condition, and may request additional medical examinations or tests if indicated.



Rogue Community College

Athletic Department

STUDENT-ATHLETE

Student Name _____
(Last) (First) (Middle Initial)

Date of Birth _____
Month/Day/Year

Family Physician:

Name _____ Phone (_____) _____

What sport will you be participating in at Rogue Community College? (Circle/Check one)

Men's Soccer

Volleyball

Women's Soccer

Medical Considerations (e.g., medical conditions, allergies, or current medications)

INFORMATION ABOUT YOUR LAST PHYSICAL EXAMINATION:

Date _____ Doctor's name _____ City, State _____

Please list any abnormalities found on any past physical examinations _____

FAMILY MEDICAL HISTORY

Please check YES or NO in appropriate box.

- | | | | |
|---|---|---|------------|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No | Osteoporosis | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No | Hemophilia |
| 2. <input type="checkbox"/> Yes <input type="checkbox"/> No | High blood pressure | 6. <input type="checkbox"/> Yes <input type="checkbox"/> No | Diabetes |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No | Neuromuscular disease | 7. <input type="checkbox"/> Yes <input type="checkbox"/> No | Anemia |
| 4. <input type="checkbox"/> Yes <input type="checkbox"/> No | Sudden death from heart disease or stroke | 8. <input type="checkbox"/> Yes <input type="checkbox"/> No | Cancer |

If living, please check box to signify family member's general health. If deceased, please state age and cause of death, if known.

	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Deceased	Age at Death	Cause of Death
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Brother #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Brother #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sister #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sister #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

MEDICAL CONDITIONS & ILLNESSES

Have you ever had or do you now have any of the following medical conditions, illnesses or diseases?
Please check YES or NO for EACH item.

YES	NO		YES	NO		YES	NO	
9. <input type="checkbox"/>	<input type="checkbox"/>	Polio	26. <input type="checkbox"/>	<input type="checkbox"/>	Recurrent sinusitis	43. <input type="checkbox"/>	<input type="checkbox"/>	Hernia or rupture
10. <input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	27. <input type="checkbox"/>	<input type="checkbox"/>	Hearing loss/ear disease	44. <input type="checkbox"/>	<input type="checkbox"/>	Ulcers
11. <input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	28. <input type="checkbox"/>	<input type="checkbox"/>	Rheumatic heart disease	45. <input type="checkbox"/>	<input type="checkbox"/>	Testicular masses
12. <input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	29. <input type="checkbox"/>	<input type="checkbox"/>	Heart murmur/problems	46. <input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids
13. <input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	30. <input type="checkbox"/>	<input type="checkbox"/>	Pericarditis	47. <input type="checkbox"/>	<input type="checkbox"/>	Bleeding disease
14. <input type="checkbox"/>	<input type="checkbox"/>	Collapsed lung	31. <input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	48. <input type="checkbox"/>	<input type="checkbox"/>	Anemia
15. <input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	32. <input type="checkbox"/>	<input type="checkbox"/>	Elevated cholesterol	49. <input type="checkbox"/>	<input type="checkbox"/>	Phlebitis
16. <input type="checkbox"/>	<input type="checkbox"/>	Pleurisy	33. <input type="checkbox"/>	<input type="checkbox"/>	Arthritis/joint problems	50. <input type="checkbox"/>	<input type="checkbox"/>	Asthma/hay fever
17. <input type="checkbox"/>	<input type="checkbox"/>	Diabetes	34. <input type="checkbox"/>	<input type="checkbox"/>	Bone infection	51. <input type="checkbox"/>	<input type="checkbox"/>	Skin disease/rash
18. <input type="checkbox"/>	<input type="checkbox"/>	Allergies	35. <input type="checkbox"/>	<input type="checkbox"/>	Chondromalacia	52. <input type="checkbox"/>	<input type="checkbox"/>	Measles
19. <input type="checkbox"/>	<input type="checkbox"/>	Tumors/Cancer	36. <input type="checkbox"/>	<input type="checkbox"/>	Seizures/Epilepsy	53. <input type="checkbox"/>	<input type="checkbox"/>	Mumps
20. <input type="checkbox"/>	<input type="checkbox"/>	Muscular disease	37. <input type="checkbox"/>	<input type="checkbox"/>	Migraine headaches	54. <input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis
21. <input type="checkbox"/>	<input type="checkbox"/>	Eye disease	38. <input type="checkbox"/>	<input type="checkbox"/>	Neurological disorder	55. <input type="checkbox"/>	<input type="checkbox"/>	Malaria
22. <input type="checkbox"/>	<input type="checkbox"/>	Color blindness	39. <input type="checkbox"/>	<input type="checkbox"/>	Goiter/thyroid disease	56. <input type="checkbox"/>	<input type="checkbox"/>	Car or air sickness
23. <input type="checkbox"/>	<input type="checkbox"/>	Near sightedness	40. <input type="checkbox"/>	<input type="checkbox"/>	Enlarged organs (spleen)	57. <input type="checkbox"/>	<input type="checkbox"/>	Nervous breakdown
24. <input type="checkbox"/>	<input type="checkbox"/>	Far sightedness	41. <input type="checkbox"/>	<input type="checkbox"/>	Kidney or bladder disease	58. <input type="checkbox"/>	<input type="checkbox"/>	Mental disorder
25. <input type="checkbox"/>	<input type="checkbox"/>	Nasal polyps	42. <input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal bleeding	59. <input type="checkbox"/>	<input type="checkbox"/>	Eating disorder

INJURIES & SYMPTOMS

Do currently have or have you ever had any of the following symptoms, problems or injuries?
Please check YES or NO for EACH item.

	YES	NO		YES	NO		YES	NO			
60.	<input type="checkbox"/>	<input type="checkbox"/>	Frequent headache	71.	<input type="checkbox"/>	<input type="checkbox"/>	Neck pain or injury	82.	<input type="checkbox"/>	<input type="checkbox"/>	Muscle weakness
61.	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	72.	<input type="checkbox"/>	<input type="checkbox"/>	Back pain or injury	83.	<input type="checkbox"/>	<input type="checkbox"/>	Muscle cramps
62.	<input type="checkbox"/>	<input type="checkbox"/>	Visual changes	73.	<input type="checkbox"/>	<input type="checkbox"/>	Knee pain or injury	84.	<input type="checkbox"/>	<input type="checkbox"/>	Muscle wasting
63.	<input type="checkbox"/>	<input type="checkbox"/>	Eye pain or injury	74.	<input type="checkbox"/>	<input type="checkbox"/>	Ankle pain or injury	85.	<input type="checkbox"/>	<input type="checkbox"/>	Frequent nausea
64.	<input type="checkbox"/>	<input type="checkbox"/>	ringing in ears	75.	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder dislocation/sep.	86.	<input type="checkbox"/>	<input type="checkbox"/>	Frequent vomiting
65.	<input type="checkbox"/>	<input type="checkbox"/>	Sore throats	76.	<input type="checkbox"/>	<input type="checkbox"/>	Other joint sprain/disloc.	87.	<input type="checkbox"/>	<input type="checkbox"/>	Frequent diarrhea
66.	<input type="checkbox"/>	<input type="checkbox"/>	Nasal fracture	77.	<input type="checkbox"/>	<input type="checkbox"/>	Joint pain, at rest	88.	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal problems
67.	<input type="checkbox"/>	<input type="checkbox"/>	Sinus congestion	78.	<input type="checkbox"/>	<input type="checkbox"/>	Joint pain, with exercise	89.	<input type="checkbox"/>	<input type="checkbox"/>	Internal injuries
68.	<input type="checkbox"/>	<input type="checkbox"/>	Breathing difficulty	79.	<input type="checkbox"/>	<input type="checkbox"/>	Joint weakness	90.	<input type="checkbox"/>	<input type="checkbox"/>	Rectal bleeding
69.	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent coughing	80.	<input type="checkbox"/>	<input type="checkbox"/>	Pinched nerve	91.	<input type="checkbox"/>	<input type="checkbox"/>	Unusual fatigue
70.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain	81.	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion/stroke	92.	<input type="checkbox"/>	<input type="checkbox"/>	Trouble sleeping

GENERAL QUESTIONS

Please answer ALL of the following questions by checking either YES or NO for EACH item.

	YES	NO	
93.	<input type="checkbox"/>	<input type="checkbox"/>	Do you now have or have you ever had any chronic or recurrent illnesses?
94.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had any illnesses lasting more than one week?
95.	<input type="checkbox"/>	<input type="checkbox"/>	If no to #93 or #94, do you now have or have you ever had any illnesses requiring treatment and care of a doctor?
96.	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear eyeglasses or contact lenses?
97.	<input type="checkbox"/>	<input type="checkbox"/>	Do you currently wear eyeglasses or contact lenses while participating in sports?
98.	<input type="checkbox"/>	<input type="checkbox"/>	Do you use any dental appliances such as braces, bridges or plates?
99.	<input type="checkbox"/>	<input type="checkbox"/>	Any body parts or organs missing (appendix, eye, kidney, testicles)?
100.	<input type="checkbox"/>	<input type="checkbox"/>	Are you now or have you ever been under the treatment of a medical doctor for any injuries?
101.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever fainted, passed out, been dizzy, knocked out, unconscious or had a concussion?
102.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a cast, splint, cane or crutches?
103.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an X-ray of any bone or joint?
104.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have to stop while running twice around a quarter-mile track?
105.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any trouble breathing, while at rest, <u>after</u> running one mile?
106.	<input type="checkbox"/>	<input type="checkbox"/>	Do you get any chest pain with exercise?
107.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had any injuries or illnesses that caused you to miss a game or practice?
108.	<input type="checkbox"/>	<input type="checkbox"/>	Are there any reasons why you should not participate in sports?
109.	<input type="checkbox"/>	<input type="checkbox"/>	Have any of your close relatives, under the age of 50, died of heart problems or unexplained causes?
110.	<input type="checkbox"/>	<input type="checkbox"/>	Are you or any member of your family allergic to ANY medications (aspirin, penicillin, etc.)?
111.	<input type="checkbox"/>	<input type="checkbox"/>	Are you now taking or have you taken any medications, medicines, drugs or vitamins on a regular basis?
112.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any medical conditions that require special attention or treatment that the coach or athletic trainer should be aware of in the event of any injury or illness?

If you have answered "Yes" to any numbered item (1-112), please explain the situation or circumstances, including names of treating physicians and dates in the space provided. Identify each response by the number of the item in the left margin.

Item No.	Physician, City, State	Approx. Date	Explanation, including any surgeries you have had

Student Name _____
(Last) (First) (Middle Initial)

Please list all previous fractures, concussions or other head injuries:

Item No.	Physician, City, State	Approx. Date	Injury

Please list all hospitalizations:

Item No.	Physician, City, State	Approx. Date	Reason for hospitalization, length of stay

Describe your current pattern of physical exercise

Activity	Frequency	Duration	Intensity

Describe the sickest you have ever been _____

Describe any weight changes over the last six months _____

List all medications -- prescription and/or over the counter -- drugs or vitamins that you currently take (including aspirin, birth control pills, etc.) _____

Describe any allergies -- from bites, drugs, foods, pollen, etc. -- you may have, including causes and reactions _____

At what age did you have your first menstrual period? _____ How many have you had during the last 12 months? _____

Date of last period _____ Describe any menstrual irregularity or discomfort _____

AGREEMENT OF UNDERSTANDING

I, the undersigned, certify that the above medical history is correct and true to the best of my knowledge, and that this student has no physical defects except as stated. This medical information is given with my permission and the medical examination is taken voluntarily. I further understand that any intentional omission of answers either verbally or in writing may result in disqualification from the community college sports program.

I authorize the release of this medical information, including the medical examination and the results of any medical tests, to the college for their use, evaluation and record keeping for this student-athlete's participation in the sports program of the college. I further authorize the release of this medical information, the medical examination and the results of any medical tests when deemed necessary by the college athletic coach, athletic trainer or other authorized college official; and I grant permission to any hospital, physician, surgeon, or other duly authorized medical personnel to release any other medical records, charts or diagnoses when deemed necessary for the treatment and care of this student-athlete in the event of injury or illness.

I further authorize and request the college's designated medical personnel to administer basic life support, advanced life support, and/or to obtain emergency medical care in the event of injury or illness at any specific emergency care facility so designated by the college physician or representative while participating in the sports program.

By my signature I verify that I have read, understand and agree to the above-stated conditions.

Student _____ Date _____

Parent/Guardian (If student is under 18 years of age) _____

Student Name _____
 (Last) (First) (Mid. Initial)

PHYSICAL EXAMINATION FOR SPORTS PARTICIPATION

To be completed by Licensed Medical Provider

To the Medical Provider: Please obtain and review the student's health history, pages one through four of this form, before conducting the examination. The intent of this exam is to focus on conditions of the athlete that may endanger his/her health, aggravate pre-existing conditions or increase the risk of death from participation in competitive college sports. If your findings or observations during this exam for sports participation indicate a need for a more comprehensive medical examination, you have the option of conducting a more comprehensive exam or advising the athletic director of the college in writing of the need for same. We appreciate your assistance and cooperation in maintaining the health of our student-athletes.

Student Name _____
 (Last) (First) (Middle Initial)

Date of Birth _____ Male Female Height _____ Weight _____
 Month/Day/Year

Blood pressure at rest and sitting: Left arm _____ / _____ mmHG Right arm _____ / _____ mmHG

Resting pulse rate: Apical _____ Radial _____

Visual acuity: Left 20/_____ Right 20/_____ Please check appropriate box: With correction Without correction

Please check appropriate box to indicate if Normal or ABnormal, and provide comments if abnormal.

SYSTEM		N	AB	COMMENTS
HEAD	Hair, scalp, masses, injuries			
EYES	Proptosis, conjunctivae, sclera, EOM, pupillary size, reaction to light, peripheral vision, fundi, gross tension to palpation			
EARS	Gross hearing to speech, drums, discharges			
NOSE	Septum, mucosa, sinuses			
THROAT/MOUTH	Teeth, tongue, tonsils, infections, lesions			
NECK	Thyroid, vessels, range of motion, adenopathy, masses, voice abnormalities			
THORAX/LUNGS	Shape, expansion, deformities, rhonchi, wheezes, rales			
HEART	PMI, sounds, thrills, murmurs, gallops, PVCs			
LYMPHATICS	Cervical, axillary			
ABDOMEN	Organ enlargement (liver, spleen, etc.), masses, tenderness, hernias, scars			
GENITALIA	Scrotum, testicles, lesions, discharge, hernias			
RECTAL (Optional)	Hemorrhoids, fissures, prostate, masses			
UPPER EXTREMITIES	Range of motion, joint stability, muscle strength, limitations, effusion, ecchymoses, atrophy, deformities, edema, clubbing, pulses, veins, injuries			
LOWER EXTREMITIES	Range of motion, joint stability, muscle strength, limitations, effusion, ecchymoses, atrophy, deformities, edema, clubbing, pulses, veins, injuries			
BACK	Flexion, extension, scoliosis, kyphosis, excessive lordosis, injuries			
NEUROLOGICAL	Cranial nerves, reflexes, motor, gait, balance, sensory			
SKIN	Texture, striae, rash, acne			
MENTAL STATUS	Affect, hostility, agitation			

LABORATORY TESTS (Optional or as indicated by examination)

Urinalysis: Sugar _____ Albumin _____ Ketones _____ Other _____

Hematology: Hematocrit _____

Summary of abnormal lab work _____

If medical history indicates the need for any vaccinations or booster shots, please administer during the physical examination.

Orthopedic Diagnoses _____

General Medical Diagnoses _____

Additional findings or comments on health history/significant injuries or illnesses _____

DISPOSITION (Please check one)

- Unrestricted activity in all sports
- No participation until _____ or until _____
(Date) (Conditions to be met)
- May participate, but with following limitations _____
- May not participate at all for following reasons _____

Medical Provider's signature _____ Date of Exam _____

MEDICAL PROVIDER IDENTIFICATION (Please print. Stamp or label okay)

Name _____ Phone (_____) _____
 Address _____ City _____ Zip _____

Mail completed form to: Rogue Community College
Attn: Athletic Department
3345 Redwood Hwy
Grants Pass, OR 97527

Form may also be returned by the student athlete to the Athletic Department Office.

NOTE: The original of this report shall be confidentially filed and maintained in the athletic department. The information shall be readily available to health care providers in event of an emergency when intercollegiate sports are conducted, both at home and away from the college.

Student Name _____
(Last) (First) (Mid. Initial)