ATHLETICS - Student-Athlete Manual
(Updated 3-18-16)

Sports
• Women’s Volleyball
• Women’s Basketball
• Men’s Basketball
• Softball
• Baseball

Kellogg Community College
450 North Avenue
Battle Creek, MI 49017

Main Switchboard: 269.965.3931
Athletic Department direct: 269.965.451
Athletic FAX: 269.962.2215

Consumer Reports:
The Equity in Athletics Disclosure Act (EADA) requires that an annual report be submitted to the Department of Education on athletic participation, staffing, and revenues and expenses, by men’s and women’s teams at KCC to be used in reporting to the Congress on gender equity in intercollegiate athletics. KCC files their report in October annually. The report can be found at:
HTTP://ope.ed.gov/athletics/

The Higher Education Authority (HEA) requires an annual report for completion and graduation rates on required cohort students receiving athletic scholarships. The report can be found at:
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KCC Contact Numbers
(269) 965-3931 – Switchboard

President .......................................................... ext. 2203
Vice President for Student Services .......................... ext. 2627
Athletic Director ................................................ ext. 2548
Director for Institutional Facilities......................... ext. 2571

Campus Security ................................................. (269) 965-4147
Athletic Department – direct ......................... (269) 965-4151
Athletic FAX ...................................................... (269) 962-2215
KCC Admissions Office ..................................... ext. 2620
KCC Financial Aid Office ................................. ext. 2617

Athletic Secretary .......................................... ext. 2530
Issue Room ...................................................... ext. 2569
Miller Building Coordinator .......................... ext. 2408

Softball Coach ................................................. ext. 2548
Soccer Coach .................................................. ext. 2218
Women’s Basketball Coach .......................... ext. 2524
Men’s Basketball Coach ................................. ext. 2541
Volleyball Coach ............................................ ext. 2535

If you are viewing and filling out the forms in this document over the internet, please print the needed forms to fill out, sign and send to:

Kellogg Community College
ATTN: Athletic Department
450 North Avenue
Battle Creek, MI 49017
**Kellogg Community College**

Mission Statement

“We are dedicated to providing accessible, high-quality education to enrich our community and the lives of individual learners.”

**Student Services**

Mission Statement

The mission of the Student Services Division is to provide a climate of support, which encourages student success through activities and services designed to assist students to define and achieve their educational goals. The division is responsible for the development and enhancement of a positive campus environment which complements the educational experience of each student.

**KCC Athletics**

Statement of Purpose

The department of athletics at Kellogg Community College provides our student-athletes a competitive arena for intercollegiate play in an atmosphere of equality and fairness to support their physical, social, and academic development. These opportunities are provided with an academic progress component sharing equal status.

**Athletic Department**

Safe Environment Policy

“Kellogg Community College is committed to provide a safe environment for all student-athletes. In doing so, KCC will adopt a policy that would create a comfort level appropriate with cross gender coaching and student-athlete situations.

It is KCC policy to ensure that all individual one-on-one cross gender coaching and student-athlete meetings will be supervised by providing an open meeting space, a third party chaperon, or an expected comfort level that is established by the student-athlete.

As a student-athlete, it is your right to control this environment and KCC is committed to provide this service. Please contact the athletic department for any support and concerns regarding this policy at 269.965.4151.”
KCC Athletic Affiliations

Kellogg Community College (KCC) is a member of the National Junior College Athletic Association (NJCAA) Region XII and the Michigan Community College Athletic Association (MCCAA).

Athletic Eligibility Rules

Kellogg Community College student-athletes must maintain athletic eligibility as established by the NJCAA. Below are general athletic eligibility rules. You may contact the KCC athletic department for specific eligibility rules at 269-965-4151 or reference the NJCAA eligibility rules in their entirety by finding them on www.njcaa.org.

Requirements for entering student-athletes

Students must be a high school graduate, or have received a high school equivalency diploma, or have been certified as having passed a national test such as the General Education Development Test (GED).

Non-high school graduates can establish eligibility for athletic participation by completing one term of college work passing twelve credits with a 2.0 GPA or higher. This term can be completed before the student’s high school class has graduated.

Requirements for Athletic Eligibility

Student-Athlete must be making satisfactory progress within an approved college program and course as listed in the college catalog.

Students must be in regular attendance within fifteen (15) calendar days from the beginning of classes of the term in which the student chooses to participate.

Students must maintain enrollment in twelve (12) or more credit hours of college work as listed in the college catalog during each term of athletic participation.

Semester Student-Athlete Eligibility

Prior to the last official date to register for the second full-time semester, as published in the college catalog, a student-must have twelve (12) semester hours with a 2.0 GPA or higher.

Prior to the last official date to register for the second full-time semester, and all subsequent semesters thereafter, (as published in the college catalog), a student must satisfy one of the following requirements to be eligible for the upcoming term:

- A student must pass a minimum of twelve (12) semester hours with a 2.0 GPA or higher during the previous semester of full-time enrollment.

OR
A student must pass an accumulation of semester hours equal to twelve (12) multiplied by the number of semesters in which the student was previously enrolled full-time with a GPA of 2.0 or higher.

OR

Prior to the second season of participation in the NJCAA certified sport, a student must pass a minimum accumulation of twenty-four (24) semester hours with a 2.00 GPA or higher.

NOTE: The athletic eligibility of this student-athlete manual has been included for your general understanding of the NJCAA eligibility rules. This section is not a conclusive reproduction of the entire NJCAA Article V eligibility rules. The student eligibility will be determined by the Kellogg Community College director of athletics and the Registrar.
Kellogg Community College
Athletic Requirements

• **Code of Conduct**
  All student-athletes are expected to adhere to and sign the Athletic Code of Conduct (page 12)

• **Athletic Academic Progress Report Forms (AAP)**
  All student-athletes will participate in the athletic departments academic progress reports that will be sent to each student-athlete’s class instructors to monitor their educational success.

• **Study Tables**
  All student-athletes are required to attend study tables during both semesters. Study tables are organized by the coaches and monitored by college proctors that are hired to help the student-athlete reach their educational goals.

• **Community Service**
  All athletic programs and their student-athletes are expected to participate in program driven community service initiatives. Community service is important to establish a well-rounded citizen and many times can be used as service learning credit for class and graduation requirements.

• **College Equipment**
  All student-athletes are required to return all college owned equipment. Failure to return will result in a freeze on the student-athlete’s college account that will not release college records and transcripts until repayment.

• **Eligibility & Athletic Scholarship**
  In regards to athletic scholarships, each student-athlete must maintain their athletic eligibility throughout the entire academic semester to maintain their athletic scholarship. If a student-athlete loses their eligibility for any reason, they will forfeit their athletic scholarship and will be required to repay their athletic scholarship in its entirety.

• **Class Schedule Changes**
  All class schedule changes after the drop & add date need to be approved by the director of athletics. Changes may affect your athletic eligibility and athletic scholarship.
Kellogg Community College
Athletic Scholarship Overview

Scholarships
Kellogg Community College, under NJCAA rules and regulations, is allowed to offer Athletic Scholarships for worthy athletes and the specific coach’s discretion.

Under NJCAA rules, being a NJCAA Division II athletic institution, KCC is allowed to offer Athletic Scholarships consisting of tuition, fees and books only. Athletic Scholarships for room and board are not allowed.

Letter of Intent (L or I)
A Letter of Intent is a contract between Kellogg Community College and the Student-Athlete for a dollar amount for in-district costs towards tuition and fees. Books are allowed, per NJCAA rules, but are not part of KCC’s Letter of Intent. Book money is offered at the coach’s discretion to the athlete under the specific sport budget. Book money is limited.

Once a Letter of Intent is offered to an athlete, the athlete signs the L of I within 14 days and returns it to the Athletic Department. Once returned it may take up to 2 weeks for KCC to process the L of I and post a Grant Authorization to the Financial Aid Office which posts the Athletic Scholarship so that the student-athlete can register for their classes when registration starts (check the college catalog for open registration dates).

Grant Authorizations
A Grant Authorization is a notification from the Athletic Department to the Financial Aid Office to release the funds of an Athletic Scholarship.

All Grant Authorizations from a completed Letter of Intent will not be posted to a Student-Athlete account until the Student-Athlete has completed the enrollment process of Kellogg Community College (application – acceptance – FAFSA – FACTS).

Residency
All Athletic Scholarships are posted in a dollar amount that is intended to be most beneficial to the Student-Athlete. In-District rates for tuition and fees are significantly less than non-resident rates. All Student-Athletes need to prove their residency BEFORE the start of classes. There are not exceptions to this institutional rule. Student-athletes need to identify their resident in-district address at the Customer Service Office and have their address officially changed.

Scholarship Cancelations
Athletic Scholarships are at the discretion of the college and reserves the right to cancel an Athletic Scholarship under the following conditions:

- The Student-Athlete does not maintain regular class attendance and/or academic progress.
- The Student-Athlete does not have the continuing recommendation of both the head coach and the athletic director.
- The Student-Athlete is not eligible to compete under the NJCAA and MCCAA rules and regulations.

Student-Athletes may be responsible for the repayment of all money associated with an Athletic Scholarship that has been cancelled.
Academic Advising
An academic advisor will assist you in forming career and educational plans which fit your interests and lifestyle. All first-time students are asked to meet with an academic advisor before scheduling courses. You may communicate with the advisors by going to the website www.kellogg.edu/advising.

The Learning Place
The goal of The Learning Place is to provide you with opportunities to develop or enhance the skills you need to be successful in college. These services are provided at no charge to current students. Located in the upper level of the Ohm Information Technology Center, you can drop-in to The Learning Place to receive help in any subject matter or program area.

Testing and Assessment Center
The Testing and Assessment Center provides testing support for courses offered by the college and assessment testing for course placement. Testing support includes make-up tests, distance learning, and tests for placement. The COMPASS assessment is offered for placement into certain classes.

COMPASS Test
If you are enrolling for the first time at KCC, you will need to take one or more of the COMPASS assessments for writing, reading, or math. COMPASS is a computer adaptive placement tool. The purpose of these assessments is to help place you in classes for which you are adequately prepared. Assessment is required before you meet with an academic advisor to plan your initial class schedule.

6 Steps for Success
The 6 steps for success at KCC are the steps it takes to enroll as a student. The following steps are recommended in order but all of them are necessary to become a KCC student:

1. Apply to KCC – You need to apply and be accepted to KCC to become a student. You may apply with a paper application or apply on-line at www.kellogg.edu

2. Complete the New-Student Orientation – All first-time students pursuing a degree or certificate are required to attend an orientation session for new students. You may complete an on-line orientation or attend an in-person orientation session on the Battle Creek campus. The on-line orientation is available at www.kellogg.edu/admissions/onlineorientation.

3. Apply for Financial Aid – Go to KCC website at www.kellogg.edu/financial for eligibility requirements and information on grants, scholarships, student loans, work-study, and veteran benefits.
   ✓ Submit the Free Application for Federal Student Aid (FAFSA) on-line at least three months prior to the semester you plan on attending KCC. Go to the FAFSA website at www.fafsa.ed.gov to apply.

-more on next page-
4. **Take the Assessment Test (COMPASS)** – COMPASS is a computer adaptive placement test that measures skills in reading, writing, and mathematics. In order to take the assessment test you must have previously applied for admission to KCC. You should allow at least two hours for three basic skills assessment. Bring a photo ID with you to the test.

5. **Meet with an Academic Advisor** – After you have applied for admission and completed both the orientation and the COMPASS test you will meet with an academic advisor to discuss the degree or certificate you are pursuing at KCC. At this advising appointment you will select your first semester classes and will then be ready to move to the final step which is registration and payment for classes.

6. **Register and Pay for Classes** – Now that the first 5 steps as a new student, you may register for classes and complete the payment process. Registration is available on-line through the KRIS (Kellogg Registration Information System) web portal at [www.kellogg.edu](http://www.kellogg.edu). You need your KCC student ID number to register on-line.

   Payment – Students have two payment options:
   1. Payment in full when registering for classes.
   2. Enrollment in an interest-free Nelnet/FACTS payment plan.

After registering for classes you have 24 hours to pay in full or enroll in the Nelnet/FACTS Payment Plan. Failure to do one of the above will result in your classes being dropped. Find additional information at [www.kellogg.edu](http://www.kellogg.edu) and click on “FACTS”.

**Transferring Credit from other colleges to KCC**
If you have attended other colleges you will want your official transcripts submitted to the KCC Registrar’s Office for evaluation and transfer of credits. Transfer evaluations are generally processed within two to four weeks, and you will receive a Transfer Equivalency Report in your KCC e-mail account.

**KCC Web Portal**
The KCC Web Portal provides a gateway to a suite of commonly-used services for students. From the Portal you can access:
- KCC e-mail account
- KRIS (Kellogg Registration Information System)
- Blackboard
- Portal Password Management

Your login to the portal will be provided in your KCC admissions letter. Your KCC e-mail account will be established after you register for classes or file the FAFSA for financial aid. Access to the Portal, instructions on use, and answers to frequently asked questions (FAQs) can be found at [www.kellogg.edu](http://www.kellogg.edu), click on KCC Web Portal.

**Textbooks**
The KCC Bookstore is located on the upper level of the Student Center and offers textbooks, supplies, and materials required for classes. You may buy your books on-line at [http://bookstore.kellogg.edu](http://bookstore.kellogg.edu).
NJCAA Eligibility Affidavit

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

Personal Information:

Name: ___________________________ Birth Date: _______________ K:ID Number: ________________________
(First, Middle, Last)

Student’s College Address: _________________________________________________________________
Street Address: __________________________________________ City, State, Zip Code: _______________

Phone Number(s) at College: __________________________ Email Address: _________________________

Other Information:

Parent’s Home Address: _________________________________________________________________
Street Address: __________________________________________ City, State, Zip Code: _______________

Phone Number: __________________________ Parents’ Names: _________________________________

Foreign Born Students:

Do you have an I-20 Form on file at this college? Yes _____ No _____

High School Information:

Name of High School(s) you have attended: __________________________________________________
City, State, Country: ________________________________________________________________

Did you graduate?: Yes* _____ No _____ High School Graduation Date (month/year): ___/_____
Were you home schooled?: Yes _____ No _____ 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 Transcripts, and GED Certificate or state department of education approved
good school equivalency test (if applicable).

Additional Information:

1. Did you take any college credit classes while in high school? Yes* _____ No _____

   * If yes, from what college(s)? _____________________________________________________________

   * If yes, those transcript(s) from each college must be on file at this college.

2. Have you ever signed a Letter of Intent form with any institution? Yes _____ No _____

   If yes, specify the College: ___________________________ Date (day/month/year): ___/___/_____

3. Have you ever participated in a sport in a country other than the United States? Yes _____ No _____

   Sport(s)? ___________________________ Country: ___________________________ Dates: _______________

   If yes, describe the situation: ____________________________________________________________
(Page 2 - NJCAA Eligibility Affidavit Continued)

4. Have you ever been red-shirted for a season?  Yes _____  No _____
   If yes, list the dates of that season, name of college, and describe the situation.

5. Have you ever participated in practices, scrimmages, and/or games for an intercollegiate team other than this college?
   Yes _____  No _____  If yes, name the school, date, sport, and describe the situation.

6. Have you ever played on a club team at a college or university?  Yes _____  No _____  If yes, name the school, sport and dates.

7. Do you currently play on any other sport teams (i.e. USAV, city recreational leagues, indoor soccer, AAU, etc.)?  Yes _____  No _____
   If yes, provide the name of the team, location, and dates of participation.

8. Have you ever received money beyond expenses for participating in any athletic event?  Yes _____  No _____
   Did anyone on your team receive money beyond expenses for participating in any athletic event?  Yes _____  No _____
   If yes, describe the situation below and the NJCAA Amateurism Questionnaire should be completed and included with the eligibility file.

List ALL Colleges Attended Full-Time and/or Part-Time after High School
   All transcripts from all previous institutions must be included.

College: ___________________________   Dates: ___________________________   Full-time or Part-time? (circle one)
   College: ___________________________   Dates: ___________________________   Full-time or Part-time? (circle one)

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: ___________________________
ONLY FILL THIS FORM OUT IF YOU DID NOT GO DIRECTLY FROM HIGH SCHOOL TO KCC OR YOU WERE A PART-TIME STUDENT

Kellogg Community College
Break in Enrollment
Part-Time Enrollment Form

This form needs to be filled out by the student-athlete who did not go directly from their high school graduation to Kellogg Community College as a full-time student. All other student-athletes who transferred to KCC or were a part-time student (enrolled in 11 credit hours or less) needs to fill this form out. Any questions on this please call 269-965-4151.

Please Print

Name: ____________________________  Student ID Number: ____________________________
Address: ____________________________  Phone Number: ____________________________
City: ____________________________  State: _______  Zip: ____________________________
High School: ____________________________  City: ____________  State: ____________
Date of high school graduation or date of earning your GED: ____________________________

Starting with the 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.

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
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<tbody>
<tr>
<td>MONTH</td>
<td>YEAR</td>
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The best way to contact you by phone: ____________________________

I certify that the above statements are true and correct.

Signed: ____________________________

Date: ____________________________
Kellogg Community College
Athlete Code of Conduct

The Athletic Department requires the following guidelines must be adhered to by all members of the athletic programs at Kellogg Community College. The following regulations, as well as the college’s policies and procedures as outlined in the student handbook shall apply to all student-athletes on all college property and during any college-sponsored activity.

1. Eligibility – It is the responsibility of each student-athlete to maintain good academic standing. Each athlete must meet the eligibility requirements established by the National Junior College Athlete Association (NJCAA); this includes making satisfactory progress in classes and maintaining full-time enrollment (12 hours) during each semester throughout the academic year. Failure to meet these requirements will result in immediate expulsion from the athlete program(s).

2. Representing Kellogg Community College – An athlete is seen in the public eye more often than the average student. It is a privilege to be a college athlete. It is also a responsibility to represent the college with class and dignity. Failure to do this will result in disciplinary action from the coach and/or Athletic Director.

3. Use of College Property – Uniforms and practice gear will be issued to each athlete and must be returned at the end of your season. Failure to do will result in an academic “hold” on all records for that student. Any destruction of college property or any other property while representing Kellogg Community College will not be tolerated. Violators will be subject to the college’s disciplinary process as well as, when appropriate, the incident will be reported to the local police.

4. Alcohol and Drug Use – Any student-athlete found to be under the influence or in possession of alcoholic beverages or illegal drugs while representing the college will face immediate suspension from all athletic programs.

5. Tobacco – Smoking or chewing tobacco will not be permitted while participating on any team.

6. Disturbance in Public – Athletes are only one group that uses the Miller Physical Education Building. Many times usage must be shared with instructional classes and members of the community, as well as other teams. We expect athletes to act in a mature manner at all times and not create a situation that disrupts or disturbs another program. This includes being in the building at inappropriate times, any team function on campus, or creating loud noises and/or congregating in the office area. Violators will be subject to disciplinary action imposed by the Athletic Director.

7. Dress and Appearance – Proper attire is required. Moderation and good taste are always expected.

8. Due Process – The due process procedures for Kellogg Community College are in the current student-handbook which is available from the Admissions Office.

9. Responsibility – If you want to be treated as an adult, you simply have to act like one. As an adult, you are responsible for your actions, which mean accepting the decision of your coaches or the athletic department administration graciously and in a mature manner. If you don’t understand something, simply come and ask – the door is always open and you will receive an honest, direct answer.

10. Academic Integrity – KCC’s Policy on Academic Integrity is spelled out in the Student Handbook. If you cheat, fabricate, facilitate academic dishonesty, or plagiarize, there will be serious consequences. The incident will be documented and reported to the academic chair and/or program director for possible disciplinary actions up to and including course, program, or College expulsion.

11. Social Networking Policy – As members of the Athletic Department, student-athletes represent the college and are subject to public scrutiny. While social networking on websites are a great way to communicate, express yourself and connect with others, student-athletes must understand that the information and pictures they post, or others post about them, may adversely impact an athlete’s personal safety, impugn personal or institutional character, violate NJCAA, conference, or college policy, or undermine their career after college.

Student-Athletes will be held responsible for any social networking conduct that compromises the reputation or integrity of their team and/or college.

Before posting anything on a social networking website, understand that anything posted online is available to anyone in the world and that college coaches or staff may monitor the website.

<table>
<thead>
<tr>
<th>I have read and I understand the Athletic Code of Conduct.</th>
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<tbody>
<tr>
<td>Student – Athlete’s Printed Name</td>
</tr>
<tr>
<td>Student – Athlete’s Signature</td>
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<tr>
<td>Date</td>
</tr>
</tbody>
</table>
KELLOGG COMMUNITY COLLEGE
ATHLETIC DEPARTMENT

Student Release of Information
Consent Form

In accordance to the Family Educational Rights and Privacy Act (FERPA), this consent form is a written request by the student. By signing this document, the student is authorizing the release of student academic progress and information; either written, telephonic or orally, to a third party.

__________________________________________
Signature

__________________________________________
Printed Name

__________________________________________
Date

This form should only be completed one time during a student’s athletic career and maintained in the student’s athletic file.
STUDENT - ATHLETES

Absolutely – DO NOT

Make any changes to your class schedule after the first day of the semester without the approval of the Athletic Director.
Kellogg Community College
Student-Athlete Biography
This information is used for Media, Athletic Programs, and Rosters
Please print neatly

SPORT: _____________________________ SEASON: _____________________________

NAME: ________________________________________________________________

Address: ______________________________________________________________

City, State, Zip: _________________________________________________________

Cell Phone Number: _____________________________________________________

E-Mail Address: _________________________________________________________

Home Town: __________________________ State of Home Town: ______________

High School: __________________________ Year of Graduation: ________________

High School Honors: (example: All-Conf., All-State, Captain, MVP, Academic Honors, etc.)

____________________________________________________________________

____________________________________________________________________

Height: ______________ Weight (male only): ______________ Position: ________________

Baseball & Softball only: Bat: ______________ Throw: ______________

Expected college major: ________________________________________________

Life after KCC: _________________________________________________________

Hobbies: ______________________________________________________________

Role Model(s): _________________________________________________________

Circle one: First Year Player Returning Player

I give permission to the Athletic Department to request information from my instructors regarding my academic progress.

Signature: __________________________ Date: ____________________________
### MEDICAL HISTORY

**GENERAL QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>Has a Doctor ever denied or restricted your participation in Sports for any reason?</td>
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<tr>
<td>Do you have any ongoing medical conditions? If so, please Identify by Circling: Asthma Anemia Diabetes Infections Other:</td>
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<tr>
<td>Have you ever spent the night in the hospital?</td>
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<td>Have you ever had surgery?</td>
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**HEART HEALTH QUESTIONS ABOUT YOU**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Have you ever passed out or nearly passed out DURING or after exercise?</td>
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<tr>
<td>Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?</td>
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<tr>
<td>Do you get lightheaded or feel more short of breath than expected during exercise?</td>
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<td>Have you ever had an unexplained seizure or do you have a history of seizure disorder?</td>
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<tr>
<td>Does your heart ever race or skip beats (irregular beat) during exercise?</td>
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<td>Have a doctor ever told you that you have high blood pressure?</td>
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<td>Have a doctor ever told you that you have high cholesterol?</td>
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<td>Has a doctor ever told you that you have Kawasaki disease?</td>
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<td>Has a doctor ever told you that you have a history of juvenile arthritis or connective tissue disease?</td>
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<td>Have you ever had a stress fracture?</td>
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<tr>
<td>Have you ever had an injury that required x-ray, CT scan, injections, therapy, a brace or cast or crutches?</td>
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<tr>
<td>Do you usually use a brace, orthotics, or other assistive device?</td>
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**BONE AND JOINT QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had an injury that required x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)?</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever had surgery?</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever had a fracture or bone injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had any broken or fractured bones or dislocated joints?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had any injury that required x-rays, MRL, CT scan, injections, therapy, a brace or cast or crutches?</td>
<td></td>
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</tr>
<tr>
<td>Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been told or has anyone recommended that you gain or lose weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you or someone in your family have sickle cell trait or disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any problems with your eyes or vision or had any eye injuries?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you wear glasses or contact lenses?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you wear protective eyewear, such as goggles, or a face shield?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a heart murmur?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a heart infection?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMMUNIZATION HISTORY**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been told that you have a heart murmur?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had surgery?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has anyone in your family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever had an eating disorder?</td>
<td></td>
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<tr>
<td>Have you ever had a history of seizure disorder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a heart murmur?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a heart infection?</td>
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</tbody>
</table>

**YOUR FAMILY’S HEART HEALTH QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>Have anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?</td>
<td></td>
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</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?</td>
<td></td>
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</tbody>
</table>

**INSURANCE STATEMENT AND CERTIFICATION**

Our Son/Daughter will comply with the specific insurance regulations of KCC – **MUST CARRY A PRIMARY INSURANCE** (details of insurance regulations are in this packet under Insurance Coverage Overview) and the Medical History questions are as complete and correct as possible.

Family Insurance Co: ________________________ Contract #: ______________________

Signatures of Student: ________________________ & Parent/Guardian if not 18 years old: ________________________
### PLEASE PRINT

**STUDENT’S COMPLETE LEGAL NAME:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**STUDENT’S DATE OF BIRTH:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

**PLACE OF BIRTH:**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

### PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

**EXAMINATION:** (Circle Correct Response As Necessary)

- Height:
- Weight:
- Male/Female
- BP: / Pulse:
- Vision: R 20/ L 20/ Corrected: Yes No

**MEDICAL FINDINGS**

<table>
<thead>
<tr>
<th>MUSCULOSKELETAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td></td>
<td></td>
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<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder/Arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow/Forearm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip/Thigh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg/Ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot/Tarsus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duck Walk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RECOMMENDATIONS:** __________________________________________________________

**CLEARANCE:**

- Full Unlimited Participation
- Limited Participation; Restrictions: ___________________________________________
- Clearance: Withheld until: ___________________________________________________

**SIGNATURE OF EXAMINER:**

| __________________________________________________________________________ |

**PRINTED NAME OF EXAMINER:**

| __________________________________________________________________________ |

| DATE: __________________ |

---

### Medical Treatment Consent – To be completed by Parent or Guardian or 18-year-old

I, ________________________________, at least 18 year-old, or the parent or guardian of _______________________________, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

**SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD**

| __________________________________________________________________________ |

| DATE: __________________ |

---

### EMERGENCY INFORMATION – To Be Completed by Parent or Guardian or 18 Year Old

**Student’s Name:**

| __________________________________________________________________________ |

| Year: __________ |

**IN EMERGENCY 1)**

- Phone #: __________
- Cell #: __________

**CONTACT 2)**

- Phone #: __________
- Cell #: __________

**Family Doctor:**

- Phone: __________

**Allergies:**

| __________________________________________________________________________ |

**Drug Reactions:**

| __________________________________________________________________________ |

**Current Medications:**

| __________________________________________________________________________ |
Dear KCC Student-Athlete and Parents,

Prior to your participation in intercollegiate athletics, the enclosed forms must be completed. Please return these forms as soon as possible to the Athletic Department in the enclosed stamped envelope. All information is confidential as part of your medical record and will aid the KCC Athletic Training Staff in providing the best possible care.

**The enclosed forms must be completed and returned prior to a student-athlete being allowed to participate.**

Before being cleared to participate each student-athlete must undergo a Pre-participation Physical Examination by a **Licensed Physician (MD or DO)**. The information gathered from these forms will be used to assist us in the evaluation process. Please complete these forms without leaving blanks. These forms are:

- Medical Emergency and Insurance Information
  - This form provides emergency information, emergency contacts, and insurance information about the student-athlete.
- Authorization to release medical information
  - This form permits KCC Athletic Trainers to discuss, release, and receive medically pertinent information with physicians, hospitals, and insurance companies.
- Assumption of risk and responsibility and hold harmless agreement
  - This form acknowledges the risks a student-athlete voluntarily accepts when competing in intercollegiate athletics.
- Assumption of risk and responsibility
  - This form discusses additional protocols a student-athlete must be aware of prior to participating in intercollegiate athletics.
- Health History / Pre-Participation Physical Examination (Blue packet of Information)
  - Page one in this section supplies Physicians and the KCC Athletic Training Staff with a current medical history.
  - Page two in this section must be completed by a licensed Physician (MD or DO only).
  - Request for a COPY of your insurance card (Front & Back).

Incomplete forms, or forms with blanks, will not be accepted. Falsifying forms, including but not limited to: withholding information, not answering questions truthfully, signing a physician’s name, is illegal and may result in dismissal from the team and Kellogg Community College, as well as legal charges against the student-athlete.

Please note: Student-athletes will not be cleared to participate at KCC until all forms have been completed and received by the Athletic Department. Thank you in advance for taking time to complete the requested forms.
KCC’s accidental insurance policy is considered “SECONDARY” to any personal family medical insurance and covers only injuries resulting from the direct participation in the intercollegiate athletics program during the dates of official activities within the calendar dates set by the NJCAA.

Any claims must be first filed with the group insurance company providing coverage. Only after all available benefits have been exhausted will the Kellogg Community College’s insurance carrier consider payment for any remaining balance. **Remaining medical bills must be submitted to the Athletic Department within 30 days of receipt.**

Kellogg Community College has fostered positive relationships with many medical providers in the area who have consistently provided high quality service to KCC student-athletes. KCC Athletic Trainers refer student-athletes to these providers, unless extenuating circumstances necessitate a different provider.

All student-athletes must be seen and evaluated by a KCC Athletic Trainer before a referral to a physician will be made. **If a student-athlete decides to see a physician/medical consultant, and/or undergoes a diagnostic test without prior authorization/referral from a member of the KCC Athletic Training Staff, the student-athlete and/or the student-athlete’s parent(s)/guardian(s) will be financially responsible for any and all medical bills incurred.**

In the event that a student-athlete should receive a bill/statement for an injury occurring as a direct result of their participation in intercollegiate athletics at KCC, the student-athlete must submit:

1. The itemized medical bill/statement (not “balance due” statements) and
2. Explanation of Benefits (EOB) from your primary insurance company to his/her KCC Athletic Trainer within 30 days

**Bills received after 30 business days will be the responsibility of the student-athlete and/or the student-athlete’s parent(s)/guardian(s).**

**The Insurance Process (summary)**

- All student-athletes must carry a primary health insurance policy, either personal or through their family. The KCC Athletic Department can assist in obtaining information on inexpensive individual health insurance plans.
- The primary health insurance must be valid for in-season and off-season practice sessions.
- Only accidental injuries suffered during sponsored and supervised practices, games, or sponsored team travel are covered.
- Medical expenses will only be covered if the KCC Athletic Trainer refers the athlete. **Non-referred visits or expenses will not be covered by this secondary policy** and all bills will be the student-athlete’s responsibility. The ONLY exception is in an emergency, with proper follow up notification to the KCC training staff.
During the course of the school year, if the student-athlete’s primary insurance should change, the KCC Athletic Department must be notified immediately. Failure to do so will terminate Kellogg Community College’s financial responsibility towards any medical expenses incurred.

Out-of-season injury: The KCC Athletic Department will NOT be financially responsible for injuries sustained to an out-of-season athlete.

Return to participation: If a student-athlete is under the care of a physician at any time for injury/illness, the student-athlete must present, in writing, a release from the physician for return to participation or the student-athlete will NOT be allowed to return to participation in that sport in practice or games.

Submit all correspondence to:

Kellogg Community College  
ATTN: Department of Athletics  
450 North Avenue  
Battle Creek, MI  49014

FAX: 269-962-2215

If you should have any questions, please feel free to call the KCC Athletic Department at (269) 965-4151

Thank you,

Tom Shaw  
Director of Athletics  
269-965-4151 ext. 2548  
shawt@kellogg.edu
Kellogg Community College

Athletic Insurance Coverage

PLEASE COPY YOUR **INSURANCE CARD**

FRONT & BACK

AND RETURN WITH THE FORMS IN THIS PACKET OF INFORMATION
**INTERCOLLEGIATE ATHLETICS**

**MEDICAL EMERGENCY AND INSURANCE**

SPORT(S): ________________________________

**DO NOT LEAVE ANY BLANKS**

Forms with blanks will not be accepted

STUDENT-ATHLETE NAME: ________________________________

SS# ___ - ___ - _____

Please print

CURRENT: ____________________________________________

ADDRESS: Street, Apt

PHONE: ( ) _______ __________

□ Cell □ Home

City State Zip Code

DATE OF BIRTH: ________________

List any medication you have allergies to: ________________________________

List any medical conditions and any medications you are currently taking: ________________________________

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT</th>
<th>EMERGENCY CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Relation</td>
<td>Relation</td>
</tr>
<tr>
<td>Home Address</td>
<td>Home Address</td>
</tr>
<tr>
<td>Home Phone (______)</td>
<td>Home Phone (______)</td>
</tr>
<tr>
<td>Employer</td>
<td>Employer</td>
</tr>
<tr>
<td>Employer Address</td>
<td>Employer Address</td>
</tr>
<tr>
<td>Work Phone (______)</td>
<td>Work Phone (______)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSURANCE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name on Policy</td>
</tr>
<tr>
<td>Policy Holder’s Date of Birth ______ / _____ / ________</td>
</tr>
<tr>
<td>Insurance Company</td>
</tr>
<tr>
<td>Policy / ID #________</td>
</tr>
<tr>
<td>Group #______________</td>
</tr>
<tr>
<td>Insurance Company Phone #________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO INSURANCE</th>
</tr>
</thead>
</table>

□ HMO □ PPO □ Other ________________

Is preauthorization necessary for medical/diagnostic services?

□ Yes □ No Phone #(______) ________________

Initial
Kellogg Community College
Hold Harmless Agreement

INTERCOLLEGIATE ATHLETICS
HOLD HARMLESS AGREEMENT

Complete with BLACK INK only
Forms with blanks will not be accepted

Student-Athlete: ________________________________  (please print)

Sport(s): __________________________________________________________________________

Date of Birth: ___________________  Social Security Number: _____-____-_____

Kellogg Community College endeavors to conduct its athletic programs in a manner consistent with the highest safety
standards. However, intercollegiate athletics by their very nature involve the risk of personal injury, which in some cases
may be serious or even catastrophic. Therefore, as a willing participant in any college athletic program, there is personal
assumption of risk on the part of the student-athlete. Participating in intercollegiate athletics at Kellogg Community College,
including traveling and training, may result in injury/illness, permanent physical or mental impairment, or even death.

In the absence of gross negligence, I agree to assume all risks in participating in intercollegiate athletics that may cause me
personal, or bodily injury, medical costs, death, and other consequential losses that may arise during my training, traveling,
or participation.

I understand that Kellogg Community College cannot be held responsible for any injuries or conditions which may be caused
by the actions of third parties, other student-athletes, other teams, or myself, and agree not to litigate against the State of
Michigan, Kellogg Community College, the Board of Trustees of Kellogg Community College, and all employees and agents
of the Athletic Department, to include coaches, athletic trainers, physicians, nurses, or administrators (collectively
“Personnel”), from all claims related to any loss, injury, or expenses I may sustain.

I declare and certify that to the best of my knowledge I am physically fit and have trained sufficiently for the level of activity
required for intercollegiate competition. I understand Kellogg Community College and its Personnel cannot be held
responsible for any pre-existing medical condition(s) I may have.

Upon experiencing an injury/illness or change in my health status it is my responsibility to inform my Head Coach and
Athletic Trainer, and to adhere to the established protocols which include exercise rehabilitation, reconditioning, and
reassessments before being allowed to return to full participation.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS

____________________________________________________________________________________
Student-Athlete’s Signature  Date

____________________________________________________________________________________
Parent’s Signature (required if student-athlete is under 18 years of age)  Date
INTERCOLLEGIATE ATHLETICS
AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Complete with BLACK INK only  Forms with blanks will not be accepted

Student-Athlete: ________________________________________________
(please print)

Sport(s): ______________________________________________________

Date of Birth: ___________________________ Social Security Number: _____ - _____ - _____

Authorization for release of Medical Records
I authorize Kellogg Community College to share the necessary personally identifiable information from my education record to a third party regarding (i) past, present, or future injuries/illnesses related to my participation in intercollegiate athletics, (ii) information within my medical record unrelated to my participation in intercollegiate athletics, and (iii) information concerning my medical status, medical conditions, injuries, prognosis, diagnosis, drug tests, and other documentation and information regarding my health (collectively, “Medical Records”).

I authorize Kellogg Community College to obtain my Medical Records from my family members. Legal guardians, counselors, coaches, physicians, physicians’ representatives, insurance providers, counselors, and health care providers regarding injuries, conditions, medical claims, treatments, payments, drug testing, or any matters related to my participation in intercollegiate athletics (or filing a claim for medical benefits).

Such disclosers shall be made only to:

Kellogg Community College
Athletic Department
450 North Avenue
Battle Creek, MI 49014
(269) 962-2215 – SECURE FAX

I absolve the Board of Trustees of Kellogg Community College together with its officers and employees, including coaches, athletic trainers, strength and conditioning coaches, and administrators from any legal liability which may arise from the disclosure of this information.

A photo static copy of this authorization shall be considered as effective and as valid as the original. Method of Disclosure: could be any of the following: Mail, Hand Carry, Verbal, Fax

_________________________________________  Date
Student-Athlete’s Signature

_________________________________________  Date
Parent’s Signature (required if student-athlete is under 18 years of age)
Kellogg Community College
Assumption of Risk and Responsibility

INTERCOLLEGIATE ATHLETICS
ASSUMPTION OF RISK AND RESPONSIBILITY

Complete with BLACK INK only  Forms with blanks will not be accepted

Student-Athlete: _________________________

(please print)

Sport(s): __________________________________________

Date of Birth: ________________  Social Security Number: ____-____-____

As additionally to my being permitted to participate, I also agree as follows:

1. Student-athletes are provided “Secondary” athletic insurance at no direct cost. There are, however, limitations to this coverage:
   a. The athletic insurance pays only medical expenses which are not covered by any other medical insurance. The college insurance provides excess coverage over a student-athlete’s primary medical insurance and covers only injuries resulting from the direct participation in the intercollegiate athletics program during the dates specified by the National Junior College Athletic Association (NJCAA).
   b. Medical bills must be submitted to the Kellogg Community College Department of Athletics within 30 days or the student-athlete assumes financial responsibility for those charges.
   c. Student-Athletes must have received evaluation, treatment, and/or rehabilitation from a KCC Athletic Trainer.
   d. The athletic insurance policy provides payment for usual, customary, medically necessary, and reasonable charges incurred within 1-year following the date of injury.
   e. The athletic insurance applies only to accidental injuries sustained during participation in intercollegiate sports or supervised travel pertaining to such activities.
   f. The athletic insurance does not provide coverage for: sickness or disease in any form; pre-existing conditions, medical or hospital expenses to treat an illness or injury that is not a result of practice for or participation in sponsored and supervised intercollegiate athletics at Kellogg Community College, which includes Open Gyms or Physical Education classes. If additional coverage is desired for sickness or disease, or for coverage outside of intercollegiate athletics, supplemental insurance may be purchased, for an expense, through an outside vendor.
   g. As is the case with all medical insurance, certain costs are not covered under this insurance policy. Any costs not covered as a result of policy exclusions must be borne by the student-athlete.

2. Passing a physical examination does not necessarily mean a student-athlete is physically capable to participate in Intercollegiate Athletics at Kellogg Community College, but only that the physician did not find a reason to medically disqualify a student-athlete during the physical examination.

MORE ON NEXT PAGE
3. Student-athletes are responsible for his/her own physical well-being and must accurately report any injury in a timely manner to the KCC Department of Athletics. Student-athletes will follow the guidelines established by the KCC Athletic Training Staff for rehabilitation from any injury. Failure to report or follow the guidelines may result in nullification or benefits under the secondary athletic policy.

4. Student-athletes should refrain from practice or play while under a physician’s care until being discharged from treatment or given a written permit by the attending physician to resume participation.

5. Student-athletes hereby grant the athletic department, athletic trainers, team physicians, technicians, and consultants of Kellogg Community College to render any emergency, medical, surgical, therapeutic, or other care that might be deemed necessary to insure proper care of any injury/illness, and to maintain health and well-being. In the absence of the team or authorized physician, permission is granted to a qualified physician to furnish emergency care using the guidelines above. Also, when necessary for executing such care, permission for hospitalization at an accredited hospital is granted.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS

__________________________________________________________  _________________________
Student-Athlete’s Signature                                          Date

__________________________________________________________  _________________________
Parent’s Signature (required if student-athlete is under 18 years of age)  Date
These forms must be completed before the first day of practice for your specific sport. You will not be able to practice, play or participate in KCC athletics until you return the following information:

- NJCAA Eligibility Affidavit
- Break in Enrollment / Part-time Enrollment Form (if applicable)
- KCC Athletic Code of Conduct Agreement
- Student Release of Information (FERPA) Form
- Sport specific Biography Form
- Pre-Participation Physical Examination Form
- Copy of your Health Insurance Form (Front & Back)
- Medical Emergency Contact and Insurance Information Form
- Hold Harmless Agreement Form
- Authorization to Release Medical Information Form
- Assumption of Risk and Responsibility Form
- Submitted copy of High School Transcripts or proof of G.E.D. completion (1st year athletes only). Send transcripts to the athletic department NOT the college Registrar’s Office.
- Submitted copy of college(s) transcripts you have attended (if applicable). Have to be Official Transcripts – send to the athletic department NOT the college Registrar’s Office

Upon completion of all materials, return to Kellogg Community College at:

Kellogg Community College
ATTN: Athletic Department
450 North Avenue * Battle Creek, MI * 49017