ATHLETICS - Student-Athlete Manual
(Updated 5-3-19)

Women’s Sports
Cross Country
Volleyball
Soccer
Basketball
Bowling

Men’s Sports
Cross Country
Basketball
Bowling
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: http://www.kellogg.edu/wp-content/uploads/2013/09/HEA-Institutional-Disclosure-Requirements1.pdf
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KCC Contact Numbers
(269) 965-3931 – Switchboard

President..................................................ext. 2251
Vice President for Student Services ......ext. 2611
Athletic Director .............................ext. 2548
Director for Institutional Facilities......ext. 2737

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. 4123

KCC Contact Numbers
(269) 965-3931 – Switchboard

Athletic Secretary..............................ext. 4151
Issue Room......................................ext.4151
Miller Building Coordinator ..........ext. 2408

Cross Country Coach ......................ext. 2133
Soccer Coach.................................ext. 2860
Women’s Basketball Coach ............ ext. 2524
Men’s Basketball Coach ................. ext. 2541
Volleyball Coach............................ ext. 2535
Bowling Coach................................ext. 4151
Baseball Coach...............................ext. 2536

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).
Kellogg Community College
Athletic Requirements

- **Code of Conduct**
  All student-athletes are expected to adhere to and sign the Athletic Code of Conduct.

- **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.
Scholarships
Under NJCAA rules and primarily 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. NJCAA Division III sports at KCC do not allow athletic scholarships in any form or fashion.

Letter of Intent (LoI)
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 LoI within 14 days and returns it to the Athletic Department. Once returned it may take up to 2 weeks for KCC to process the LoI and post a Grant Authorization to the Financial Aid Office 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 – payment).

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 KCC 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.
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).

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.
Academic Advising
An academic advisor will assist you in forming career and educational plans which fit your interests and lifestyle. All first-time students need 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 Bridge
The Bridge provides FREE educational services to all KCC students, including computer stations and software programs devoted to building academic skills. Students can use The Bridge to complete homework assignments, research papers, and other class projects. Professional staff are available to assist students with core coursework, such at reading, writing, math, science, and learning strategies.

The Bridge staff members are devoted to promoting, supporting, and enhancing student success, persistence and retention.

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 Accuplacer assessment is offered for placement into certain classes.

Accuplacer assessment Test
If you are enrolling for the first time at KCC, you will need to take one or more of the Accuplacer assessments for writing, reading, or math. The Accuplacer assessment test is a computer adaptive placement tool. The purpose of the 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. These assessment tests will take one to two hours to complete.

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. If you need assistance at any point, contact the KCC Admissions Office at 269-965-4153 or adm@kellogg.edu

2. *Apply for Financial Aid & Scholarships* – Once you’ve submitted an admissions application, you may wish to apply for financial aid to help pay for classes at KCC. First, fill out the Free Application for Federal Student Aid (FAFSA). When prompted, use KCC’s federal school code: 002276.

3. *Take the Assessment Test* – The Accuplacer assessment 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.
4. **Meet with an Academic Advisor** – After you have applied for admission and completed the Accuplacer assessment test you will meet with an academic advisor to map out a pathway to a degree or determine which classes will transfer to a 4-year school.

5. **Register and Pay for Classes** – Now that the first 4 steps as a new student are complete, you may register for classes and complete the payment process.

   - First, we need to know where you live so we know which tuition rate applies to you
     - This verification, known as establishing residency, can be done in person in the HUB or by contacting the Registrar’s office at 269-965-5522 or regoffice@kellogg.edu.

   - Next, sign up (register) for classes by logging into the **Bruin Portal** or visiting one of our campuses in Battle Creek, Albion, Coldwater or Hastings.

   - All students, including those paying with financial aid and scholarships, have two payment options:
     - Pay in full within 24 hours of registering
     - Enroll in a payment plan within 24 hours of registering

Failure to complete one of these payment steps within 24 hours will automatically drop you from your classes. For more information about signing up for a payment plan, contact the Business Office at 269-965-4140.

6. **Complete the New-Student Orientation** – All first-time students pursuing a degree or certificate are required to attend an orientation session for new students. If you need assistance at any point, contact the KCC Admissions Office at 269-965-4153 or adm@kellogg.edu

**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 (Bruin Portal)**
The KCC Web Portal provides a gateway to a suite of commonly-used services for students. From the Bruin Portal you can access:

   - KCC e-mail account, Moodle and Self-Service. You will also be able to reset your own password.

**Textbooks**
The KCC Bookstore is located on the first floor of the Lane-Thomas Building on KCC’s main campus at 450 North Avenue in Battle Creek. Call the bookstore at 269-965-4128 for any questions about your textbooks, school supplies, reference books, study guides, and special orders or academically priced computer software.
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
Dear KCC Student-Athletes and Parents:

Prior to your participation in intercollegiate athletics, the enclosed forms must be complete. Please return these forms as soon as possible to the KCC Athletic Department. All information is confidential as part of your medical records 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 will be allowed to participate in games or practices.

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 the forms will be used to assist us in the evaluation process. Please complete these forms without leaving blanks. These forms include:

- Physical Exam & Clearance & Consent Form
  - Each Student-Athlete MUST provide a completed physical form before they can practice or play in a game at KCC.
- Medical Emergency and Insurance Information (part of the Physical Exam forms)
  - This form provides KCC with emergency information, emergency contacts, and insurance information
- Hold Harmless Agreement
  - This form acknowledges the risks a student-athlete voluntarily accepts when competing in intercollegiate athletics
- 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.
- Insurance coverage & medical emergency permission
  - This form spells out the insurance coverage in regards to KCC athletics and grants permission to make medical decisions on behalf of the athlete in case of an emergency.
- Proof of insurance
  - Proof of primary insurance MUST be provided before any student-athlete can practice or play in games at KCC. Student-Athletes MUST provide a copy of the front & back of their insurance card(s).

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 the time to complete the requested forms.

Athletic Insurance
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 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.

-more-
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 parents(s)/guardian(s) will be financially responsible for any and all 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 parents(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 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 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. Definition of out-of-season can be obtained in the KCC athletic department.
- 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 or would like to send via email, please feel free to call the KCC athletic department at 269-965-4151.

Respectfully,

Tom Shaw  
Director of Athletics  
269-565-7967  
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
Kellogg Community College
Checklist for Completion

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
- Sport specific Biography Form
- Pre-Participation Physical Examination Form
- Copy of your Health Insurance Form (Front & Back)
- Hold Harmless Agreement Form
- Authorization to Release Medical Information Form
- Insurance coverage & medical emergency permission 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
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 high school equivalency test (if applicable).

**Additional Information:**

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

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

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

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

   If yes, specify the College: __________________________ Date (day/month/year): ____/____/____

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

   Sport(s)? __________________________ Country: __________________________ Dates: __________________________

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

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 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.

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<th>Dates</th>
<th>Full-time or Part-time? (circle one)</th>
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<td>College</td>
<td>Dates</td>
<td>Full-time or Part-time? (circle one)</td>
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</table>

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.

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The best way to contact you by phone: _____________________________

I certify that the above statements are true and correct.

Signed: _____________________________

Date: _____________________________
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. Failure to follow these regulations will result in disciplinary action by the College.

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

2. **Representing Kellogg Community College** – A student-athlete is seen in the public eye more often than the other students. It is a privilege to be a college student-athlete. It is also a responsibility to represent the College with the adherence of the NJCAA General Sportsmanship Expectations: [www.njcaa.org/member_colleges/handbook](http://www.kellogg.edu/wp-content/uploads/2018/08/KCC18-19Handbook-1.pdf) and the KCC Student Code of Conduct: [http://www.kellogg.edu/wp-content/uploads/2018/08/KCC18-19Handbook-1.pdf](http://www.kellogg.edu/wp-content/uploads/2018/08/KCC18-19Handbook-1.pdf) 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 student-athlete and must be returned at the end of the season. Failure to do so will result in a ‘hold’ placed on releasing the transcript for that student. Any intentional destruction of college property or any other property while representing KCC will not be tolerated.

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. This includes use, procession or related legal infraction when not representing the college. See the KCC Student Code of Conduct and the alcohol and drug policy for the college: [http://www.kellogg.edu/wp-content/uploads/2018/08/KCC18-19Handbook-1.pdf](http://www.kellogg.edu/wp-content/uploads/2018/08/KCC18-19Handbook-1.pdf)

5. **Tobacco** – Smoking (including e-cigarettes) or chewing tobacco while representing the college (practice, games, or events) is not permitted per the NJCAA policy.

6. **Dress and Appearance** – Student-Athletes will follow the NJCAA dress decorum at all times: Game attire for all bench personnel, other than uniformed players, must be a college issued warm-up suit, or business casual apparel unless weather does not permit. All other team personnel must wear appropriate institutional collared shirts, shorts &/or slacks (no denim/jeans), shoes and socks (no sandals, flip-flops). Head gear must be worn in an appropriate manner. No changing into game uniforms at the bench area. Must use locker room or restroom facilities away from the general public.


8. **Responsibility** – You are responsible for your actions, which means accepting the decisions of your coaches or the athletic department in a mature manner. If you do not understand something, simply come and ask. The door is always open and you will receive an honest, direct answer.


10. **Social Media Policy** – Student-Athletes will follow the NJCAA and Michigan Community College Athletic Association (MCCAA) Social Media Policy at all times: Michigan Community College Athletic Association recognizes the prevalence and popularity of online communities. Utilizing cyber media responsibly is an expectation of student athletes. Use of any electronic media as a means for harassment is strictly prohibited. Harassing behavior includes sending text, picture, audio, video or executable electronic code (viruses, etc.) over electronic forums, message boards, social media sites and services, instant messaging or chat services, e-mail, or other Internet or intranet service, and websites. This includes repeated unwanted contact or any stalking or bullying behaviors on any of the aforementioned media.

I have read and I understand the Kellogg Community College Athletic Code of Conduct.

__________________________________________
Student-Athlete Printed Name

__________________________________________
Student-Athlete Signature

__________________________________________
Date
### Kellogg Community College - Student-Athlete Biography

This information is used for Media, Athletic Programs, and Rosters

**PLEASE PRINT CLEARLY**

<table>
<thead>
<tr>
<th>SPORT:</th>
<th>SEASON:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>NAME:</th>
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<table>
<thead>
<tr>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>City, State, Zip</th>
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<thead>
<tr>
<th>Cell Phone Number:</th>
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<table>
<thead>
<tr>
<th>E-Mail Address:</th>
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<table>
<thead>
<tr>
<th>Home Town:</th>
<th>State of Home Town:</th>
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</table>

<table>
<thead>
<tr>
<th>High School:</th>
<th>Year of Graduation:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>High School Honors: (example: All-Conf., All-State, Captain, MVP, Academic Honors, etc.)</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Height:</th>
<th>Weight (male only):</th>
<th>Position:</th>
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<thead>
<tr>
<th>Baseball only:</th>
<th>Bat:</th>
<th>Throw:</th>
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<table>
<thead>
<tr>
<th>Expected college major:</th>
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</table>

<table>
<thead>
<tr>
<th>Life after KCC:</th>
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</table>

<table>
<thead>
<tr>
<th>Hobbies:</th>
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<table>
<thead>
<tr>
<th>Role Model(s):</th>
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</table>

<table>
<thead>
<tr>
<th>Circle one:</th>
<th>First Year Player</th>
<th>Returning Player</th>
</tr>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Medical History

**Student’s Name:**

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MI</th>
<th>SEX</th>
<th>YEAR</th>
<th>DATE OF BIRTH</th>
<th>AGE</th>
</tr>
</thead>
</table>

**Student’s Home Address:**

**Student’s Home Phone:**

**Student’s Cell Phone:**

## General Questions

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>YOUR FAMILY’S HEART HEALTH QUESTIONS</th>
<th>YES</th>
<th>NO</th>
<th>MEDICAL QUESTIONS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a doctor ever denied or restricted your participation in Sports for any reason?</td>
<td>Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome?</td>
<td>Do you have any concerns that you would like to discuss with a doctor?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any ongoing medical conditions? If so, please identify by Circle: Asthma, Anemia, Diabetes, Infections, Other:</td>
<td>Has any 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>Were you born without or are you missing an organ? Identify by circling: A kidney, An eye, Your spleen, A testicle (males), Any other organ?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever spent the night in the hospital?</td>
<td>Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?</td>
<td>Have you ever had an eating disorder?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had surgery?</td>
<td></td>
<td>Do you worry about your weight?</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## Heart Health Questions About You

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>BONE AND JOINT QUESTIONS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever passed out or nearly passed out during or after exercise?</td>
<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>Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?</td>
<td>Have you ever had any broken or fractured bones or dislocated joints?</td>
<td>Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you get light headed or feel more short of breath than expected during exercise?</td>
<td>Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace or cast or crutches?</td>
<td>Have you ever been unable to move your arms or legs after being hit or falling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you get more tired or short of breath more quickly than your friends during exercise?</td>
<td>Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)?</td>
<td>Are you trying to or has anyone recommended that you gain or lose weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a doctor ever ordered a test for your heart? For example: ECG, EKG, echocardiogram</td>
<td>Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?</td>
<td>Are you on a special diet or do you avoid certain types of foods?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had an unexplained seizure or do you have a history of seizure disorder?</td>
<td>Do you regularly use a brace, orthotics, or other assistive device?</td>
<td>Do you wear protective eyewear, such as goggles, or a face shield?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your heart ever race or skip beats (irregular beat) during exercise?</td>
<td>Do any of your joints become painful, swollen, feel warm or look red?</td>
<td>Do you or someone in your family have sickle cell trait or disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a doctor ever told you that you have high blood pressure?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Has a doctor ever told you that you have high cholesterol?</td>
<td>Do you have any history of juvenile arthritis or connective tissue disease?</td>
<td>Do you have any problems with your eyes or vision or had any eye injuries?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a doctor ever told you that you have a heart murmur?</td>
<td></td>
<td></td>
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</tbody>
</table>

## Immunization History

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>HAVE YOU HAD INFECTIONS: (Mono)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a doctor ever told you that you have other heart problems?</td>
<td>Are you missing any recommended vaccines (t-dap, flu, MCV4, HPV, Varicella, MMR)</td>
<td>Have you had infectious mononucleosis (mono) within the last month?</td>
</tr>
<tr>
<td>Has a doctor ever told you that you have a heart infection?</td>
<td></td>
<td>Do you have any rashes, pressure sores, or other skin problems?</td>
</tr>
<tr>
<td>Has a doctor ever told you that you have a heart murmur?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Your Family’s Heart Health Questions

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>MEDICAL QUESTIONS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do anyone in your family have a heart problem, pacemaker, or implanted defibrillator?</td>
<td>Have you ever become ill while exercising in the heat?</td>
<td>Have you ever had herpes or MRSA skin infection?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?</td>
<td>Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td>Have you ever had a menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anyone in your family had unexplained fainting?</td>
<td>Do you have headaches or frequent muscle cramps when exercising?</td>
<td>How old were you when you had your first menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anyone in your family had unexplained seizures?</td>
<td>Do you have pain, a painful bruise or hema in the groin?</td>
<td>How many periods have you had in the last twelve (12) months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anyone in your family had unexpected pregnancies?</td>
<td>Is there anyone in your family who has asthma?</td>
<td></td>
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</tr>
</tbody>
</table>

## Emergency Contact

1) Name: ______________________ Phone: ______________________

2) Name: ______________________ Phone: ______________________

Family Doctor: ______________________ Phone: ______________________

Allergies: ______________________ Drug reactions: ______________________

Current Medications: ______________________
# KELLOGG COMMUNITY COLLEGE
## PHYSICAL EXAM & CLEARANCE & CONSENT FORM

### PLEASE PRINT

**STUDENT'S COMPLETE LEGAL NAME:**

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

**STUDENT'S DATE OF BIRTH:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>PLACE OF BIRTH:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>City State</td>
</tr>
</tbody>
</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)

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male/Female</th>
<th>BP: /</th>
<th>Pulse:</th>
<th>Vision: R 20/</th>
<th>L 20/</th>
<th>Corrected: Yes No</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**MEDICAL**

<table>
<thead>
<tr>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>MUSCULOSKELETAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperelasticity, myopia, MVP, aortic insufficiency)</td>
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</tr>
<tr>
<td>Neck</td>
<td></td>
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<tr>
<td>Back</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Eyes/Ears/Nose/Throat: Pupils Equal Hearing</td>
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<tr>
<td>Shoulder/Arm</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Lymph Nodes</td>
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<tr>
<td>Elbow/Forearm</td>
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<tr>
<td>Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse</td>
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<tr>
<td>Hip/Thigh</td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Leg/Antle</td>
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<tr>
<td>Genitourinary (Male Only)</td>
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<tr>
<td>Foot/Toes</td>
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<tr>
<td>Skin: HSV, lesions suggestive of MRSA, tinea corporis</td>
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<tr>
<td>Functional: Duck Walk</td>
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<tr>
<td>Neurologic:</td>
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</tbody>
</table>

**RECOMMENDATIONS:**

<table>
<thead>
<tr>
<th>CLEARANCE:</th>
<th>Full Unlimited Participation.</th>
<th>Limited Participation; Restrictions;</th>
<th>Clearance: Withheld until:</th>
</tr>
</thead>
<tbody>
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</table>

**SIGNATURE OF EXAMINER:**

<table>
<thead>
<tr>
<th>PRINTED NAME OF EXAMINER:</th>
<th>DATE:</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**CIRCLE ONE**

<table>
<thead>
<tr>
<th>MD</th>
<th>DO</th>
<th>PA</th>
<th>NP</th>
</tr>
</thead>
</table>

### 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/GUARDIAN OR 18 YEAR-OLD:**

<table>
<thead>
<tr>
<th>DATE:</th>
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</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.

<table>
<thead>
<tr>
<th>Family Insurance Co:</th>
<th>Contract #:</th>
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<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Signatures of Student:** __________________________ &/or Parent/Guardian if not 18 years old: __________________________
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: ________________

KCC Identification number (KID#): ________________________

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 a necessary 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 negligence on the part of KCC coaches, trainers or other members of the Athletic Department engaging in a good faith performance of their job, 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”), in their professional or personal capacities from all claims related to any loss, injury, or expenses I may sustain that were not in direct result of negligence on the part of KCC employees in the performance of their assigned duties.

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 that I have failed to disclose.

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 ________________
Kellogg Community College
Authorization to Release Medical Information

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: __________________ Last Four digits of 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 physicians, physicians’ representatives, and health care providers for medical reasons for treatment only 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 to a third party for medical reasons for treatment only.

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

_________________________________________  ______________________
Student-Athlete’s Signature                     Date

_________________________________________  ______________________
Parent’s Signature (required if student-athlete is under 18 years of age) Date
Kellogg Community College
Insurance Coverage & medical emergency permission

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

Student-Athlete: ____________________________________________

(please print)

Sport(s): __________________________________________________

Date of Birth: ____________________ KCC Identification number (KID#): ____________________

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 KCC.
   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 KCC, which includes Open Gyms. 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.

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

__________________________________________ Date

Student-Athlete’s Signature

__________________________________________ Date

Parent’s Signature (required if student-athlete is under 18 years of age)
Bruin Pride

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