



**Inherent Risk of Injury¹⁶
An Agreement to Participate**

I am aware that playing in any sport can be a dangerous activity involving risks, including injury. I understand that the dangers and risks of playing or practicing in any sport include, but are not limited to: death, serious neck and spinal cord injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health and well-being. I especially acknowledge that contact sports can involve even a greater risk of injury than some other sports.

Because of the dangers of participating in the named sport(s), I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of sport, and other team rules and obeying such instructions.

In consideration of the College permitting me to practice, play or try out for the College's team(s) and to engage in all activities related to the team, including practicing, playing, and traveling, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save the harmless College, their agents, servants and employees, the athletic staff of the College, the physicians and other practitioners of the healing arts treating me from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the College sports team(s).

The terms hereof shall serve as a release and as an assumption of risk for my heirs, estates, executor, administrator, assignees, and all members of my family.

I hereby agree to submit any disputes that may arise between myself and the College, its agents, its servants and employees, the athletic staff of the College, the physicians and other practitioners of the healing arts treating me, in connection with my activities at the College, to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

- I will not knowingly attempt to harm or injure an opponent through the use of proper or improper techniques.
- I will properly maintain any equipment in good working order issued to me and report any defects to the coaches, athletic trainer, or equipment coordinator.
- I understand that the administrators, coaches and medical staff hold my health and safety first and foremost in their minds.

Name (printed) _____ Signature _____ Date _____

** Under 18 Parent/Guardian Name (printed) _____ Signature _____

Personal Insurance Information

Are you insured under your parent/parents insurance? YES NO

Name of Insurance Company: _____

Policy Holder's Name: _____ Policy Number/ Group Number _____

Home Address _____

OR

Do you have your own policy? YES NO

Policy Number: /Group Number _____

Home Address: _____

*******Please include a photo copy of your current health insurance card*******



Medical Consent for Student Athlete

I hereby grant permission to the team physicians of Mercer County Community College to provide me with medical care in the event that I become injured while participating in intercollegiate athletics. I also authorize the athletic trainer, who under the care of the direction and guidance of the MCCC team physicians, to render any preventative, first-aid, rehabilitation or emergency treatment they deem necessary to preserve and or improve my health or well- being. By signing this form I acknowledge that I have read and understand this consent.

Name (printed) _____ Signature _____ Date _____

** Under 18 Parent/Guardian Name (printed) _____ Signature _____

Authorization to Release Information (HIPPA)

I hereby authorize and request the athletic trainer at Mercer County Community College and or the consulting physicians to furnish any and all information to their physicians and medical facilities as necessary. This authorization shall include, but it not limited to information concerning my physical condition, illness, injuries, treatment hospitalizations, examinations, x-rays, or other forms of diagnostic testing. I hereby fully discharge all parties to whom this authorization extends from any and all penalties of breach of student-athlete confidentiality.

Name (printed) _____ Signature _____ Date _____

** Under 18 Parent/Guardian Name (printed) _____ Signature _____

Student Rights under FERPA (Family Educational Rights and Privacy Act)

Currently enrolled students may withhold disclosure of any category of information under FERPA.

Information about student views, beliefs and political associations which professors acquire in the course of their work as instructors, advisors and counselors shall be considered confidential. Protection against improper disclosure is a serious professional obligation. The college has designated the following student information as public or Directory Information:

Name-- Dates/Semesters of attendance—Major Field of Study—Degrees and awards received—Previous institutions attended— Participation in officially recognized sports and activities—Weight and height of members of athletic teams

To withhold disclosure, written notification must be received by the Student Records Office within three weeks of the first day of classes for the semester in which the withholding of Directory Information is to take place.

MCCC assumes that failure on the part of any student to request specifically the withholding of categories of Directory Information indicates approval for disclosure.

Name (printed) _____ Signature _____ Date _____

** Under 18 Parent/Guardian Name (printed) _____ Signature _____



Unofficial Transcript Release

While participating in intercollegiate athletics at Mercer County Community College, you may be scouted or recruited by 4 year college representatives. Your signature below will allow the coaching and administrative staff at MCCC to discuss, e-mail, fax or mail your unofficial grade report or transcript. This is to verify your academic record for acceptance and participation in the event you transfer at the four year level .

Name (printed)_____ Signature_____ Date_____

** Under 18 Parent/Guardian Name (printed)_____ Signature_____

Photography Consent and Release Form

I hereby authorize Mercer County Community College, its Board of Trustees and or its employees, to photograph me and publish information about me that I supply to them for such purposes, including my name and home town (not street address).

Photos/videos may be published and distributed for print, computer or other medium, in whole or part for educational, instructional or promotional purposes as deemed appropriate by MCCC in perpetuity. I understand this is without remuneration to me.

Said work and the components thereof shall become the sole property of MCCC and may be copyrighted in its own name or a name of its choosing.

I also release MCCC from any and all claims for libel, slander, invasion of privacy or other claims based on my appearance and or performance or use of the recordings of such and agree to hold MCCC harmless from any and all claims by third parties, including any claim based on allegation of copyright infringement from my appearance and or performance.

Name (printed)_____ Signature_____ Date_____

** Under 18 Parent/Guardian Name (printed)_____ Signature_____



Sportsmanship Code

The strongest foundation to a positive athletic program is sportsmanship. At Mercer County Community College, building “good sports” is a task for all players, coaches and administrators as well as fans. MCCC believes that sportsmanship is everyone’s responsibility. Athletes often lead the way in their communities with what they do outside of their sports by demonstrating their positive character. The MCCC community is watching everything you do both on and off the field. Your personal conduct is always subject to the scrutiny of your fellow students, fans, opponents, and the media.

As a model of good sportsmanship you should:

Maintain a dedication to the spirit of sportsmanship

Play hard at all times, but respect your opponent

Do not assume you can behave any differently just because you win

Emphasize sportsmanship at all team meetings throughout the year

Play within the rules and respect the officials

Encourage your teammates and acknowledge good performance efforts from both your team and your opponents

Treat all coaches, officials, players and fans with respect at all times

I agree to adhere to this Sportsmanship Code. I understand if I am involved in an unsportsmanlike incident, I made be subject to athletic, college-wide, municipal, and or civil disciplinary consequences.

Name (printed) _____ Signature _____ Date _____

** Under 18 Parent/Guardian Name (printed) _____ Signature _____

Code of Ethics When Traveling

Adhering to the guidelines below is a responsibility of all student athletes of Mercer County Community College.

- 1 .Meal Money should only be used for food and nutritional purposes
2. All hotel, motel and restaurant items are to remain in said establishment. This includes towels, blankets, pillows, silverware, glasses and all other items belonging to the hotel, motel, and restaurant. Loss or theft will be charges to individual or team.
3. Athletes are to be respectful to fellow guests or patrons in regards to noise level and appropriate behavior
4. The college will not pay for outside phone calls from hotel rooms. Students must use cell phones or calling cards.
5. All alcohol, tobacco, and illegal drugs are strictly forbidden while traveling and lodging with the team.
6. There shall be absolutely no outside visitors in any designated athletes’ room without the knowledge and permission of coach.
7. After room checks, all athletes must remain in their room. A set curfew will be mandated by coach.
8. Student Athletes cannot return early or leave the team travel party prior to the conclusion of the event without DIRECT permission from the Director of Athletics.

I understand that failure to comply with the above rule may result in:

- Dismissal From the Team
- Institutional Discipline
- Municipal Discipline
- Civil action

Name (printed) _____ Signature _____ Date _____

** Under 18 Parent/Guardian Name (printed) _____ Signature _____



Student Athlete Rights and Responsibilities¹⁶

MCCC Athletic Department Position Statement:

We believe that as a member of the MCCC athletics program, you have a responsibility to uphold a high standard of behavior. To that end, if you are involved in an incident that runs counter to these expectations, undermines the hard work of your teammates and the reputation of our organization you will be disciplined accordingly.

As a student athlete, you have the right to expect the following College Provisions:

- Academic support services that include instruction, counseling, and tutoring as required
- Coaching and leadership
- An opportunity to make the team, a reasonable schedule of games or meets.
- College issued essential athletic equipment required for eligible competition
- Transportation to and from all away games
- Meal allowance will be distributed for selected Away Games. This is based on the location of the trip and hotel accommodations. Meal money should be used for food and nutritional purposes only.
- You are not permitted to sell Mercer County Community Meal cards to other students
- Assistance in locating an appropriate transfer college
- A physical examination from the MCCC physician prior to practice and competition
- Access to athletic trainer and referral to the college physician as needed
- Limited/secondary injury insurance coverage while participating in authorized athletic activities

As a student athlete, you have the following responsibilities:

- Attend all classes (Classes have priority over all other activities)
- Establish and maintain your athletic eligibility with 12 credits minimum per semester with a 2.0 GPA
- Arrange for your own housing and related living expenses
- Maintain college issued equipment in reasonable condition during your season
- Return all college issued equipment immediately upon completion of your season (You will be required to pay for any equipment you fail to return due to loss, theft, or damage)
- Attend mandatory study sessions as scheduled by the Department of Athletics
- **BE MINDFUL OF WHAT YOU POST TO ANY SOCIAL MEDIA PLATFORM THIS INCLUDES POSTING PICTURES WEARING MERCER ATHLETIC APPAREL, POSTING TRAVEL PLANS, POSTING NEGATIVE COMMENTS ABOUT TEAM PERSONNEL OR FELLOW PLAYERS, POSTING ANYTHING INAPPROPRIATE, WHETHER PERSONAL OR TEAM RELATED THAT MAY CAUSE AN INDIVIDUAL OR MERCER COUNTY COLLEGE TO BE VIEWED IN A NEGATIVE WAY**

As a college athlete you are accountable for the following personal behavior:

- Compliance with all aspects of the Student Conduct and Discipline Code as presented in the NJCAA Handbook and Mercer County College Student Handbook
- Prohibited Activities:
 - Participating in non-sanctioned NJCAA sport while you are a member of a Mercer County College team during published season schedule
 - Gambling
 - Use of tobacco products during practice or competition
 - Use of alcohol during practice or competition (and abuse of alcohol during the season of your sport)
 - Use of alcohol 48 hours before competition (see code of ethics while traveling)
 - Use of controlled substances and/or performance enhancing drugs
 - Piercings that are presumed dangerous must be removed to play or practice (i.e. tongue, nose, lips, ears, and eyebrows)
 - Good sportsmanship: Develop and foster respect for teammates, coaches, officials and spectators
 - Exercise restraint under pressure or when you are confronted with threats, violence or flagrant acts during the contest
 - Must wear proper safety equipment during participation as required by your sport: Shin guards, Helmets, Face Guards, respectfully at practice and games on and off campus.

By signing this form, you agree to the above statement about student athlete rights and responsibilities and agree to abide by these obligations as a student athlete at Mercer County Community College.

Athlete Signature: _____ **Date:** _____



Alcohol and Drug Policy¹⁶

Any behavior by the student athlete that exhibits reasonable suspicion of alcohol or drug use may require the student athlete to be removed from practice or competition for safety concerns. Return to activity may be withheld until independent testing or intervention documentation is submitted.

The college prohibits the presence, use, serving and distribution of any alcohol or drug substance on college property. Sanctions imposed upon students or employees for violations of the college’s alcohol or drug policy will be determined by the circumstances of each case. Local, state, and federal laws which apply to the purchase, consumption, and abuse of alcohol and/or drugs will be fully enforced by MCCC.

Mercer County Community College is in a DRUG FREE ZONE. Since it is within 1000 feet of the Mercer County Special Services School, the penalties can be even more severe for those who take part in illegal drug and/or alcohol activities. In addition, legal consequences will apply:

- Anyone convicted of passing a drug can be considered a dealer there subject to prison without parole. (N.J.S.A. 2C:35-7)
- Anyone convicted of possession of any type of illegal drug will have to do at least 100 hours of community service. (N.J.S.A. 2C:35-10)
- Anyone convicted as an adult for passing any type of illegal drug, other than marijuana, will be sentenced to three years in prison without parole.
- Anyone convicted as an adult for dealing even a small amount of marijuana will get at least one year in prison without parole. (N.J.S.A. 2C:35-7)

When traveling, you assume the consequences of the state in which you play.

I understand and agree to abide by the above rules and regulations regarding drug and alcohol abuse as a Mercer County Community College student athlete.

Name (printed) _____ Signature _____ Date _____

** Under 18 Parent/Guardian Name (printed) _____ Signature _____

STUDENT-ATHLETE AUTHORIZATION FOR RELEASE OF INFORMATION TO media¹⁶

I, _____, HEREBY AUTHORIZE AND REQUEST that MCCC, and their duly authorized officers, employees and agents (including coaches, athletic trainers, physicians, and physical therapists) to furnish TO SPORTS INFORMATION AND/OR JOURNALISTS AND/OR OTHER MEDIA OUTLETS any and all information concerning or having a bearing on my participation in athletics at MCCC. This authorization shall include, but is not limited to, any and all information within their knowledge, or contained in any records under their supervision or control concerning my physical condition, illnesses, injuries, and any treatment, hospitalization, surgery, examinations, diagnostic testing, and otherwise, and to make such reports concerning myself to such persons or organizations as they may request.

This authorization DOES NOT apply to the release of any records pertaining to psychiatric, psychological or psychotherapeutic services.

I understand that a record will be kept of all individuals requesting information under this Authorization and the date of the request. This information is normally confidential and except as provided in this Authorization will not be otherwise released by the parties in charge of the information.

This Authorization remains valid for One (1) year following the date I sign below

I understand that I may revoke this authorization by providing a written revocation of authorization to the Athletic Director that specifically mentions release of information to MEDIA, including journalists, reporters, sports information, or any other media outlet representatives. I understand that a revocation is not effective to the extent that MCCC has relied on this authorization to use or disclose any information about me. I hereby fully release and discharge MCCC and all its successors, assigns, trustees, officers, agents, and employees from any and all claims, demands, and causes of action whatsoever in connection with or in any way related to or arising out of the disclosure of information under the terms of this authorization.

Name (printed) _____ Signature _____ Date _____

** Under 18 Parent/Guardian Name (printed) _____ Signature _____



Bullying/Cyber Bullying¹⁶

Mercer County Community College is committed to making athletics a safe place for all our team members. For that reason we prohibit Bullying against teammates.

Bullying is defined as the use of force, threat, or coercion to abuse, intimidate, or aggressively impose domination over others. An essential prerequisite is the perception, by the bully or others, of an imbalance of social or physical power.

Bullying behavior may take many forms, including verbal acts and name calling; graphic and written statements, which may include use of cell phones, the Internet and other social media; it also may be expressed in other conduct that may be physically threatening, harmful, or humiliating.

Bullying does not have to include intent to harm, be directed at a specific target, or involve repeated incidents.

Bullying creates a hostile environment when the conduct is sufficiently severe, pervasive, or persistent so as to interfere with or limit an athlete's ability to participate in or benefit from the services, activities, or opportunities offered by the college.

Bullying should never be used as a motivational technique, or as a method for punishment

I understand that if I exhibit any of the above behaviors I will be subject to the following disciplinary actions:

Dismissal from the team Institutional Discipline Municipal Discipline Civil Action

Name (printed) _____ Signature _____ Date _____

**Under 18 parent/guardian (printed) _____ Signature _____ Date _____

Hazing¹⁶

Mercer County Community College strictly prohibits all forms of HAZING

Hazing is considered as any action or situation created by an individual, group, or athletic team intentionally or unintentionally, whether on or off College premises, to produce mental or physical discomfort, embarrassment, harassment, ridicule, or in any way demean the dignity of another human being that is a condition for initiation to membership of the team.

Examples of **Hazing** include but are not limited to;

- Forced consumption/restriction of alcohol, drugs, or any substance
- Physical abuse or physically abusive exercises of any kind
- Verbal harassment
- Activities that promote or encourage the violation of state law or college policy

I understand that if I exhibit any of the above behaviors I will be subject to the following disciplinary actions:

Dismissal from the team Institutional Discipline Municipal Discipline Civil Action

Name (printed) _____ Signature _____ Date _____

**Under 18 parent/guardian (printed) _____ Signature _____ Date _____



Sexual Misconduct/Sexual Harassment¹⁶

Mercer County Community College is committed to making athletics a safe place for all our team members. For that reason we prohibit all forms of Sexual Misconduct and Sexual Harassment.

Sexual Misconduct/Sexual Harassment is considered any sexual act that causes discomfort, embarrassment, or humiliation, and occurs without the consent of the other person or takes place when the other person is unable to give consent due to the victim's use of drugs, alcohol, and an intellectual or other disability.

Sexual Misconduct/Sexual Harassment is conduct of a sexual nature by any means including social media that creates an intimidating, hostile or offensive environment for another person. It is further defined as obscene or indecent behavior, which includes, but not limited to indecent exposure or sexual behavior that would reasonably be offensive to others.

Examples of sexual harassment include:

- Repeated offensive sexual flirtations, advances, or propositions
- Continuous or repeated verbal abuse of a sexual nature
- Graphic verbal commentaries about an individual's body
- Sexually degrading words used to describe an individual
- The display of sexually suggestive objects or pictures
- Acts of physical contact such as patting, pinching, or touching

I understand that if I exhibit any of the above behaviors I will be subject to the following disciplinary actions:

Dismissal from the team Institutional Discipline Municipal Discipline Civil Action

Name (printed) _____ Signature _____ Date _____

**Under 18 parent/guardian (printed) _____ Signature _____ Date _____



**Athletic Training and Sports Medicine¹⁶
Concussion Guideline and
Management Plan**

Student-Athlete Concussion Information Acknowledgement Form

In keeping in line with the NCAA guidelines, the NJCAA requires that all student-athletes sign a statement where they acknowledge, understand, and accept the responsibility for reporting any/all signs and symptoms of a concussion to the Mercer County Community College Athletic Training Staff.

A concussion is described as a violent shaking or jarring action to the brain, usually as a result of impact with a person, object or ground. A concussive head injury can result in acute clinical symptoms and typically result in a functional disturbance and /or impairment. A concussion may or may not involve loss of consciousness, but physical, cognitive and emotional symptoms may be present.

If you have suffered a head injury during competition, practice or any life event, the symptoms of a concussion can present themselves or worsen as time passes. Here are some of the signs and symptoms that may indicate you have sustained a concussion:

- ✓ If your mild headache gets worse
- ✓ If you are restless, irritable, or experience a drastic change in emotional control
- ✓ Mental confusion or disorientation that gets progressively worse
- ✓ Memory loss or other memory problems
- ✓ Feeling “dazed” or in a “fog”
- ✓ Loss of appetite
- ✓ Drowsiness, or increased sleepiness
- ✓ Unequal or dilated pupils
- ✓ Blurred vision
- ✓ Sensitivity to light or noise
- ✓ Ringing in the ears
- ✓ Bleeding and or clear fluid from the nose or ears
- ✓ Persistent or increasing nausea and or vomiting
- ✓ Change in breathing patterns
- ✓ Dizziness or unsteadiness when walking or standing
- ✓ Difficulty speaking or slurred speech

I agree to inform the Mercer County Community College Athletic Training Staff if I experience any of these signs and symptoms of a concussion during the academic year.

My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

Name _____ Date _____

Signature _____ Sport _____