



HUDSON VALLEY COMMUNITY COLLEGE ATHLETIC DEPARTMENT STUDENT-ATHLETE ADMINISTRATIVE AND HEALTH FORMS

Welcome to Hudson Valley Community College Athletics! There are several forms that must be completed prior to practicing and competing on an intercollegiate team. Shown below are the instructions and a link for each form. All forms must be completed fully and must be legible.

Important Note: Please be aware that when submitting paperwork, you are verifying that all information you provide is accurate and truthful. The information will be maintained by Hudson Valley Community College and the NJCAA as requested. Any individuals submitting false or inaccurate information will be subject to disciplinary action including, but not limited to, dismissal from the respective athletic program(s) and legal action.

If you have any questions, please feel free to contact your coach or the Athletic Department at (518) 629-7328 or athletics@hvcc.edu. For questions regarding the health forms, please contact Keith Thomas, Head Athletic Trainer at (518) 629-7373.

1. CANDIDATE QUESTIONNAIRE: *(one page)*

This form must be completed each year and for each sport of participation. If you are a transfer student, please be sure your official transcripts have been submitted to the Admissions office. Once completed, this form should be submitted to the Athletic Department (McDonough Complex room 219).

2. STATEMENT OF WHEREABOUTS: *(one page)*

Per NJCAA policy, if you are NOT enrolled in college immediately after high school, or if there are any times thereafter for which you are not enrolled in college (exclusive of summer sessions), we must have documentation of your whereabouts. Please complete the attached form, detailing where you were living and what you were doing for those periods during which you were not enrolled in college (i.e. employed, unemployed, etc.).

This statement MUST be printed legibly and signed at the bottom. We cannot determine your athletic eligibility until this statement is received. Once completed, this form should be submitted to the Athletic Department (McDonough Complex room 219).

3. SEMI-PROFESSIONAL PARTICIPATION: *(one page)*

This form must be completed each year and for each sport of participation. *NJCAA by-laws prohibit any student-athlete from participating if they have previously been affiliated with any semi-professional team.* Please print your name and sign where requested. Once completed, this form should be submitted to the Athletic Department (McDonough Complex room 219).

4. STUDENT ATHLETE CODE OF CONDUCT: *(seven pages)*

These guidelines are designed to alert you, as a student-athlete, to the behavior expected of you, and to the potential impact that your behavior may have on your status as a student-athlete. This is a seven page document. Please read and initial the bottom of each page, then sign and date page seven. Once completed, this form should be submitted to the Athletic Department (McDonough Complex room 219).

5. ASSUMPTION OF RISK/HOLD HARMLESS: *(two pages)*

This form must be completed each year and for each sport of participation. If you are under the age of 18, your parent/legal guardian must also sign. Once completed, this form should be submitted to the Athletic Department (McDonough Complex room 219).

6. HEALTH QUESTIONNAIRE: *(two pages)*

This form must be completed each year and for each sport of participation. It is imperative that you fill this out completely and accurately. You do NOT need to have a physician complete this form.

The insurance portion of the questionnaire details the medical coverage that you will have in effect during the academic year. It is important that you notify the Athletic Trainer if your health coverage changes during the year. It is especially important to mark if you are in an HMO/PPO. In the event you need to see a physician, failing to complete that portion may cause you to be held responsible for the bill.

It is required that you submit a copy of both sides of your insurance card to the Athletic Trainer. PLEASE DO NOT SUBMIT THIS FORM ANY EARLIER THAN JUNE 15TH OF THE UPCOMING ACADEMIC/ATHLETIC YEAR! Please staple the Health Questionnaire and the copy of your insurance card together! Don't forget to sign the bottom of page two! Once completed, this form should be mailed to:

Keith Thomas, Head Athletic Trainer
Hudson Valley Community College
McDonough Complex Room 173
80 Vandenburg Avenue
Troy, NY 12180

7. PRE-PARTICIPATION PHYSICAL EVALUATION: *(two pages)*

The first page can be completed by the student-athlete. Don't forget to sign the bottom of page one! Your physician will complete page two. ***BOTH pages must be signed by a physician and stamped by the administering practice.*** Once completed, both pages should be submitted to:

Director of College Health Services
Hudson Valley Community College
Siek Campus Center, Room 270
80 Vandenburg Avenue
Troy, NY 12180

Falsifying a signature is forgery and illegal. Any student-athlete who falsifies a document and commits forgery will be subject to the penalties of state and federal law, as well as institutional sanctions.

OFFICE USE ONLY

IN-Season: _____
Last FT _____
OA _____
2nd _____
Sem _____
VAWA _____

Notes: _____

OFF-Season: _____
Last FT _____
OA _____
2nd _____
Sem _____

Notes: _____

SPORT _____

CANDIDATE QUESTIONNAIRE

Please complete fully and print clearly using black or blue pen!

Name _____

Student ID # H00 _____

Local Address _____
Street City State Zip

Home Phone: () _____

Cell Phone: () _____

Year in College: _____ Freshman _____ Sophomore

E-mail Address: _____

Major: _____

Month and year of HS Graduation: _____

Date of Birth: _____ / _____ / _____

High School: _____

City: _____ State: _____

Month and year of initial college enrollment: _____

Hometown: _____

List ALL Colleges that you have enrolled in (including part time):

COLLEGE	DATE (S)	SPORT (S)
Attendance at Hudson Valley:	_____	_____
Attendance at Other Institutions:	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been red-shirted for a season? _____ Yes _____ No

Have you ever played on an amateur or professional team? _____ Yes _____ No

***This includes participation in semi-professional and/or professional leagues, regardless of whether a contract is signed or compensation is received.*

Have you ever participated in practices / tryouts / exhibitions / scrimmages / games for an intercollegiate or club team other than this college? _____ Yes _____ No

Have you ever received money beyond expenses for participating in any athletic event? _____ Yes _____ No

To the best of my knowledge, all of the information provided on this form is accurate. I understand that the giving of false or incomplete information will result in immediate forfeiture of my eligibility at, and disciplinary action by, Hudson Valley Community College.

My signature also gives the Athletics Department permission to release academic information to other colleges for the purpose of assisting in transfer and allows medical information to be shared with the Athletic Training staff.

Signature: _____

Date: _____ / _____ / _____

STATEMENT OF WHEREABOUTS

Using the template below, for each semester *after* you graduated high school (excluding summer sessions), please list your whereabouts (i.e. employment, unemployment, enrollment at other colleges, etc).

PLEASE PRINT CLEARLY!

SEMESTER (write year)	WHEREABOUTS	LOCATION (city, state)
Fall -		
Spring -		
Fall -		
Spring -		
Fall -		
Spring -		
Fall -		
Spring -		
Fall -		
Spring -		
Fall -		
Spring -		
Fall -		
Spring -		
Fall -		
Spring -		

My signature certifies that all information above is truthful and accurate. I understand that giving false or incomplete information will result in immediate forfeiture of my eligibility and disciplinary action by Hudson Valley Community College.

Print Name: _____

Signature: _____

Date: _____

Semi-Professional Participation Form

The National Junior College Athletic Association (“NJCAA”) is the governing body of junior college athletics. All student athletes who participate in athletics at Hudson Valley Community College (“the institution”) must be eligible per the established NJCAA by-laws. Article V (Rules Governing the Amateur Status of Student-Athletes), Section 11, B (11) of the NJCAA by-laws state that “Student athletes shall not compete professionally or contract to compete professionally in a sport regardless of its format.”

I hereby verify that at no time have I ever participated or been in any way affiliated with a professional or semi professional team. Participation or affiliation can include, but is NOT limited to:

- Practicing with a professional or semi professional team (regardless of format, or whether a contract was signed or any form of compensation was received)
- Participating in tryouts for a professional or semi professional team (regardless of format, or whether a contract was signed or any form of compensation was received)
- Competing in a game, exhibition game, scrimmage or any other type of workout with a professional or semi professional team (regardless of format, or whether a contract was signed or any form of compensation was received)

I understand that **my participation or affiliation with any such team is a violation of NJCAA by-laws, and as a result I would be ineligible to participate at the institution. Violation of Article V (Rules Governing the Amateur Status of Student-Athletes), Section 11, B (11) can occur WITHOUT signing a contract or receiving any form of compensation. A signed contract or receipt of compensation is NOT required to be in violation of Article V (Rules Governing the Amateur Status of Student-Athletes), Section 11, B (11).**

My signature below indicates that I acknowledge and understand Article V (Rules Governing the Amateur Status of Student-Athletes), Section 11, B (11) of the NJCAA by-laws. I certify that I am not, nor have ever been in violation of Article V (Rules Governing the Amateur Status of Student-Athletes), Section 11, B (11) and **have never had any form of participation or affiliation with a semi professional or professional team.**

Any student athletes found to have completed this form fraudulently, inaccurately or misrepresented their participation or affiliation with a semi professional or professional team will be subject to disciplinary and/or legal action. Disciplinary and/or legal action can include, but is not limited too, dismissal from the program at the institution, forfeiture of NJCAA and/or institutional eligibility, and legal action as permissible under the law.

Print Name: _____

Signature: _____ Date: _____

HVCC Student ID (“H” number) and date of birth: _____

Student-Athlete Code of Conduct

The staff of the Hudson Valley Community College Department of Athletics welcomes you as a student-athlete to Hudson Valley Community College and its National Junior College Athletic Association programs. Your scholastic achievement and athletic ability have created a place for you at an outstanding institution.

We hope you will take full advantage of the academic and athletic opportunities offered at Hudson Valley Community College. Your experiences will give you the opportunity to achieve academic fulfillment, athletic success, and personal growth.

These guidelines are designed to alert you, as a student-athlete, to the behavior expected of you, and to the potential impact that your behavior may have on your status as a student-athlete. All student-athletes are members of the Hudson Valley Community College student body. You are a student first, and your participation in junior college athletics derives from your status as a student. Student-athletes at Hudson Valley Community College are subject to the standards and conduct embodied in the following:

1. State, federal, civil and criminal laws
2. NJCAA Rules
3. Hudson Valley Community College institutional and other applicable student conduct policies
4. Department of Athletics rules
5. Team Rules

Hudson Valley Community College policies governing student conduct apply to you. In addition, your participation in the Hudson Valley Community College athletic program is governed by policies and procedures put into effect by the NJCAA.

Once you are established as an athlete, you are expected to uphold this conduct code until the completion of your eligibility or such time that you are no longer a student-athlete at Hudson Valley Community College.

The Hudson Valley Community College Department of Athletics requires coaches, trainers, and staff to conduct themselves in a manner which creates a positive image of the institution. As a student-athlete, you are expected to uphold these same standards.

By joining the Hudson Valley Community College Department of Athletics, you become a representative not only of your team, but of this department and our college. It is important that your personal conduct demonstrates good judgment. You are expected to behave both on and off campus in a manner which brings credit to your team and Hudson Valley Community College as a whole.

_____ **INITIAL**

1. **Act with class and integrity**-Treat teachers, support staff, maintenance, cafeteria workers, other students and all you meet with respect. Treat other people the way you want to be treated. Smile, say “please” and “thank you”, and give people the benefit of the doubt.

2. **Do the right thing** -We have many institution rules. These rules are binding to you, as a student-athlete. Review the code of conduct in the college catalog so that you know them. Always try to do the right thing – do not place yourself in a situation that could result in you being “guilty by association.”

3. **Commit and give back to your program** -We realize that athletes are in a fish bowl. Every word and action will be watched and judged by others. Being part of an athletic program provides many opportunities yet brings many responsibilities. We must be committed to build UP the Department of Athletics.

4. **As a student-athlete at Hudson Valley Community College you are a public figure responsible for representing the College in the most positive way** - Your behavior and actions must be exemplary and befitting the expectations of your teammates, coaches, the College, and community. You must also conduct yourself so as not to impair the welfare or educational opportunities of others in the Hudson Valley Community College community. It is important to note that due to the high visibility and increasing public scrutiny of all athletic programs, student-athletes are expected to meet high standards of personal conduct and appearance.

5. **Giving and earning respect** - Respect is something that is earned, not given. You earn respect by giving it. As a member of the Hudson Valley Community College Department of Athletics, you are expected to be respectful of others. It is a privilege, not a right, to be a member of an athletic team here at Hudson Valley Community College.

_____ **INITIAL**

SOCIAL NETWORKING GUIDELINES FOR ALL STUDENT-ATHLETES

The following information is our policy regarding **Social Networking**

What is social networking?

- **Social** networking for social interaction, using highly accessible and scalable communication techniques.
- Examples include but are not limited to: **Facebook, Twitter, Podcasts, Instagram, Vodcasts, Text Messaging, Email Blasts, MySpace, Flickr, YouTube, Blogs, Social Bookmarking, etc.**

Why do we engage in social networking?

Social media provide powerful communication opportunities. Relationships grow with personal, regular, and honest communication; therefore, social media can provide us with powerful tools to build relationships.

Athletic Department Policy

- Do not comment on athlete injuries, rosters, playbooks, officiating, or any other team information that should be kept confidential. It is against the law to disclose or comment on information protected by FERPA.
- Follow all Social Media site rules.
- Respect copyright and fair use.
- The Athletic Department will take disciplinary action in accord with the code of conduct, and this document, related to student-athlete social media sites.

Recommendations for Best Practices

- **Think twice before posting.** If you wouldn't want your boss, parents, or future employer to see your post, don't post it.
- **Be respectful.** Be positive. Treat others the way you would like to be treated. It's the Golden Rule!
- **Remember many different audiences will see your posts** including fans, alumni, kids, teammates, parents, staff and faculty.
- **Remember that the internet is permanent.** Even if you delete something, it's still out there somewhere. Google has a long memory!
- **Don't post anything that you wouldn't say openly in person** such as comments about drug use, profanity, off-color or sexual humor, ethnic slurs, or personal insults.
- **Be in the right state of mind when you make a post.** Don't post when you're angry, upset, or your judgment is impaired in any way. Remember, the internet is permanent!

_____ **INITIAL**

Special Notice on Social Networking Web Sites:

As a representative of the Department of Athletics and Hudson Valley Community College, you are always in the public eye. Please keep the following in mind as you participate on social networking web sites:

- Understand that anything posted online is available to anyone in the world. Any text or photo placed online is out of your control the moment it is placed online—even if you limit access to your site.
- You should not post any information, photos, or other items online that could embarrass you, your family, your team, the Department of Athletics, or Hudson Valley Community College.

This includes information, photos and items that may be posted by others on your site.

- Behavioral expectations in the online world are the same as in the real world. Student athletes could face discipline or sanctions for policy violations revealed online.

Disciplinary Action related to personal social media accounts:

- If you post an opinion about anything Hudson Valley Community College related on your own accounts, please be aware that this information is subject to the code of conduct.
- **Understand and use the privacy settings of Facebook and Twitter**
- You should assume anything you post on your personal account could be read by staff, opposing teams, recruits, alumni, future employees, coaches at four year institutions and your coaches. Be smart because you are always "on the clock" when it comes to the rules and representing Hudson Valley Community College. **Ask if you are not sure!**
- **STUDENT-ATHLETES WHO POST NEGATIVE, EMBARRASSING, DEROGATORY, INFLAMMATORY OR ANY OTHER COMMENTS THAT INAPPROPRIATE OR NEGATIVELY REPRESENT THE ATHLETIC DEPARTMENT OR COLLEGE WILL BE IMMEDIATELY SUSPENDED AND/OR DISMISSED FROM THE ATHLETIC DEPARTMENT.**

***Please remember that we are not only trying to protect the Athletic Department and the College's image, but also the student-athletes as well.

My signature below indicates I have read, acknowledge and agree to all information contained within this document. Any violations of the departmental policy will result in disciplinary action including possible dismissal from the athletic department.

_____ **INITIAL**

Policies & Protocol

1. I am currently enrolled as a full-time student at Hudson Valley Community College and have graduated from high school.
2. In order to participate in varsity athletics, I must maintain a course load of **12 or more** credits throughout the season and/or semester. This means that I am enrolled in at least 12 credit hours.
3. If I withdraw from a course I immediately become ineligible to participate in varsity athletics at Hudson Valley if this withdrawal drops me below 12 credit hours.
4. If I alter my academic schedule in any way, I will immediately notify my coach and the department of athletics.
5. Athletes will need a minimum of 24 credits before participating in their second season.
6. Midterm grades count for eligibility purposes.
7. If I have attended another college or junior college (part-time, full-time or withdrawal) I have indicated so in writing on the candidate questionnaire.
8. I have not received any compensation (financial or other) for competing in any form of athletic competition. If I did, the specific details will be stated on the back of this form.
9. I understand that all matters pertaining to athletic eligibility should be cleared through the department of athletics, and not other offices on campus.
10. I understand that all monies fundraised are non-refundable regardless of my status with the team.
11. All Hudson Valley issued equipment will be returned to the equipment room within 48 hours of leaving the team. This includes quitting, being removed by a coach, and the end of the season. There will be a late fee charged to me if I do not return my equipment in a timely fashion.
12. I agree to conduct myself in accordance with Hudson Valley policies, Department of Athletics policies, and the law. Failure to comply, and any conduct unbecoming of a Hudson Valley Community College student-athlete, may lead to my suspension or ultimate removal from the team.

My signature verifies that I have read and comprehend the above items and understand these policies are a condition of my participation in intercollegiate athletics at Hudson Valley Community College. I also understand and acknowledge the Director of Athletics has final jurisdiction over a student-athletes participation in intercollegiate athletics at Hudson Valley Community College.

_____ **INITIAL**

Definition for VAWA

Domestic Violence is defined by Hudson Valley Community College as any act which would constitute a violation of the penal law, including, but not limited to loud disruptive arguing, threats of violence, assaults, harassment including through social media or electronic communication, any non-consensual sexual activity, damaging property, theft, unwanted physical activity of any kind, stalking or any other unwanted or unwelcomed activity if the incident occurs between spouses, intimate partners, former spouses or intimate partners.

Dating Violence is defined by Hudson Valley Community College as any act as articulated above that occurs between individuals who are or were engaged in a social relationship of a romantic or intimate nature.

Sexual Assault New York State does not specifically define sexual assault. However, according to the Federal Regulations, sexual assault includes offenses that meet the definition of rape, fondling, incest, or statutory rape as used in the FBI's UCR program.

Stalking is defined by Hudson Valley Community College as intentionally engaging in a course of conduct, directed at a specific person that is likely to cause a reasonable person to fear for his or her safety or the safety of others. Examples include, but are not limited to, repeatedly following such person(s), repeatedly committing acts that alarm, cause fear, or seriously annoy such other person(s) and that serve no legitimate purpose and repeatedly communicating by any means, including electronic means, with such person in a manner likely to intimidate, annoy, or alarm him or her. Such acts may be considered stalking by the college at any time but particularly where there has been clear communication that this contact is unwanted.

Consent is defined by Hudson Valley Community College as a clear, unambiguous, knowing, informed and voluntary agreement between all participants to engage in sexual activity. Consent is active, not passive. Silence or lack of resistance cannot be interpreted as consent. Seeking and having consent accepted is the responsibility of the person(s) initiating each specific sexual act regardless of whether the person initiating the act is under the influence of drugs and/or alcohol. Consent to any sexual act or prior consensual sexual activity between or with any party does not constitute consent to any other sexual act. The definition of consent does not vary based upon a participant's sex, sexual orientation, gender identity or gender expression. Consent may be initially given but withdrawn at any time. When consent is withdrawn or cannot be given, sexual activity must stop. Consent cannot be given when a person is incapacitated. Incapacitation occurs when an individual lacks the ability to fully and knowingly choose to participate in sexual activity. Incapacitation includes impairment due to drugs or alcohol (whether such use is voluntary or involuntary), the lack of consciousness or being asleep, being involuntarily restrained, if any of the parties are under the age of 17, or if an individual otherwise cannot consent. Consent cannot be given when it is the result of any coercion, intimidation, force, or threat of harm.

GOOD SAMARITAN POLICY:

The health and safety of every student at the State University of New York and its State-operated and community colleges is of utmost importance. Hudson Valley Community College recognizes that students who have been drinking and/or using drugs (whether such use is voluntary or involuntary) at the time of a sexual violence incident occurs may be hesitant to report such incidents due to fear of potential consequences for their own conduct. HVCC strongly encourages students to report incidents of sexual violence to campus officials. A bystander reporting in good faith or a victim/survivor reporting sexual violence to HVCC officials or law enforcement will not be subject to conduct action for violations of alcohol and/or drug use policies occurring at or near the time of the sexual violence.

Hudson Valley Community College supports students who reach out for assistance in the case of a medical emergency, as well as supports the student whom is helped. Therefore, a student or student organization seeking medical treatment for him/herself, or for any other student who is in immediate medical need, or any student who is the recipient of the emergency medical help particularly if the student is seeking medical help for any student who is the victim of a sexual assault or may need immediate medical attention due to the use of alcohol or other drugs, will not be subject to disciplinary sanctions related to their own violation of using or possessing alcohol or other drugs on or off campus. The college strongly encourages bystanders to respond to potentially dangerous situations by reporting the incident promptly without fear of reprisal. However, if the circumstances dictate, the school reserves the right to notify parents of students under the age of 21 or to encourage counseling for students at any time if the well-being of the student is at risk.

_____ **INITIAL**

From: "Andrew J. Matonak" <a.matonak@hvcc.edu>
To: students@hvcc.edu
Sent: Wednesday, March 4, 2015 3:22:12 PM
Subject: SEXUAL VIOLENCE VICTIM/SURVIVOR'S BILL OF RIGHTS

SEXUAL VIOLENCE VICTIM/SURVIVOR'S BILL OF RIGHTS

The State University of New York and Hudson Valley Community College are committed to providing options, support and assistance to victims and survivors of sexual assault, domestic violence, dating violence and stalking to ensure that they can continue to participate in College-wide and campus employment, programs and activities. All victims and survivors of these crimes and violations regardless of race, color, national origin, religion, creed, age, disability, sex, gender identity, or expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction, have the following rights regardless of whether the crime or violation occurs on campus or off campus.

- The right to have disclosure of sexual violence taken seriously.
- The right to make a decision about whether or not to disclose a crime or incident and participate in the conduct or criminal justice process free from outside pressures from college officials.
- The right to be treated with dignity and to receive from College officials courteous, fair and respectful health care and counseling services.
- The right to be free from any suggestions that the victim/survivor is at fault when these crimes and violations are committed, or should have acted in a different manner to avoid such a crime.
- The right to describe the incident to as few individuals as practicable and to not be required to unnecessarily repeat a description of the incident.
- The right to be free from retaliation by the College, the accused, and/or their friends, family and acquaintances.
- The right to exercise civil rights and practice of religion without interference by the investigative or conduct process of the College.

Options in Brief

Victims/survivors have many options that can be pursued simultaneously, including one or more of the following:

- Receive resources, such as counseling and medical attention;
- Confidentially or anonymously disclose a crime or violation;
- Make a report to:
 - An employee with the authority to address complaints, including the Title IX Coordinator, a Student Conduct employee, or Human Resources employee;
 - A Public Safety Officer;
 - Local law enforcement; and/or
 - Family Court or Civil Court.

Drew Matonak
President
Hudson Valley Community College
80 Vandenburg Avenue
Troy, NY 12180
(518) 629-4530
(518) 629-8145

Print Name: _____

Signature: _____

**ASSUMPTION OF RISK, GENERAL RELEASE
AND INDEMNITY AGREEMENT**

THIS CONTRACT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY BEFORE SIGNING IT. BEFORE SIGNING, YOU MAY, AT YOUR OWN EXPENSE, REVIEW THE TERMS OF THIS ASSUMPTION OF RISK, GENERAL RELEASE AND INDEMNITY AGREEMENT WITH AN ATTORNEY OF YOUR CHOOSING.

I, _____, wish to participate in _____ during
(NAME) (SPORT)
the **2017-2018 seasons**, as a student of Hudson Valley Community College.

ASSUMPTION OF RISK

I acknowledge that I have voluntarily chosen to participate in the above-referenced program and that participation in that program is not a mandatory requirement of my course of study at the College. I also acknowledge and understand that neither Hudson Valley Community College nor the Faculty Student Association of Hudson Valley Community College, Inc. has made any representations whatsoever regarding my personal safety or that of my property, while I am participating in the program. I understand and acknowledge my duty to educate myself regarding the risks that this program presents, including but not limited to the possibility of bodily injury including broken bones, soft tissue damage, emotional distress, and even death incurred while participating in practice, athletic competitions, and athletic department activities; risks associated with travel to and from practice, athletic competitions, and athletic department activities including commercial, private and/or public means of transportation; risks associated with returning to my residence after practice, athletic competitions and athletic department activities.

As a consideration for the benefits I am to receive from participating in the above-referenced program and in consideration for taking part in that program, I **ACKNOWLEDGE AND AGREE THAT I ASSUME ALL RISKS ASSOCIATED WITH THE PROGRAM. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE RISKS INVOLVED AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY, DEATH, AND/OR PROPERTY DAMAGE WHETHER FORESEEN OR UNFORESEEN, KNOWN OR UNKNOWN.**

FULL AND GENERAL RELEASE- AGREEMENT NOT TO SUE

As consideration for being permitted to participate in the above-referenced program, I **RELEASE HUDSON VALLEY COMMUNITY COLLEGE, THE FACULTY STUDENT ASSOCIATION OF HUDSON VALLEY COMMUNITY COLLEGE, INC., THE COUNTY OF RENSSELAER AND THE STATE UNIVERSITY OF NEW YORK AND EACH OF THEIR RESPECTIVE OFFICERS, TRUSTEES, DIRECTORS, EMPLOYEES AND CONSULTANTS (“RELEASEES”)** FROM ANY AND ALL CLAIMS related to any loss, injury or damage that may be sustained by me, including loss of life, personal injury or property damage, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, or by my negligence in combination with that of the Releasees while I am participating in the program.

I **AGREE THAT NEITHER I NOR MY LEGAL REPRESENTATIVES**, including my family, spouse, heirs, assigns and personal representative, **WILL SUE, MAKE A CLAIM AGAINST THE RELEASEES FOR ANY DAMAGE TO MY PERSON OR PROPERTY ARISING OUT OF THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, arising out of my negligence in combination with that of the Releasees while I am participating in the above referenced program. Notwithstanding the foregoing release, nothing in this contract shall be interpreted to release the Releasees for any acts or omissions by the Releasees which constitute gross negligence, willful and intentional wrongdoing, or criminal conduct.

INDEMNITY

I will reimburse Releasees for any costs it incurs on my behalf because of my participation in the above-referenced program. I AGREE TO INDEMNIFY AND HOLD THE RELEASEES HARMLESS for injuries, losses, damages, liabilities, claims, causes of action, penalties, judgments, costs and expenses (including reasonable attorneys' fees) which arise AS A RESULT OF MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION while I am participating in the above-referenced program.

If for any reason, any provision(s) of this agreement is determined to be in any respect invalid, illegal or otherwise unenforceable, such a determination shall not nullify, invalidate or otherwise impair any other provision(s) of this agreement. In order to prevent the invalidity of such provision(s), said provisions(s) shall be deemed automatically amended in any respect(s) as may be necessary to conform this agreement with the applicable provision(s) of law or public policy.

I hereby certify that I am 18 years of age or older. If I am younger than 18 years old, my parent/guardian will sign this release of liability. **I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK, GENERAL RELEASE AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.** I am aware that this agreement represents a legally binding contract and I sign it of my own free will.

SIGNATURE OF PARTICIPANT

DATED: _____

PRINTED NAME

DATE OF BIRTH: _____

If under 18 years of age, parent or guardian must sign below.

PARENT OR GUARDIAN SIGNATURE

DATED: _____

PRINTED NAME

Hudson Valley Community College Athletic Health Questionnaire
****PLEASE DO NOT SUBMIT THIS FORM ANY EARLIER THAN JUNE 15TH**
OF THE UPCOMING ACADEMIC/ATHLETIC YEAR.**

**Please print all information on this form; information is for the use of the athletic trainer and the college health service.
 A new form must be completed for each sport you are interested in participating in!**

Name: _____ Social Security #: _____ Sport(s) _____
 Student ID #: H00 _____

Age: _____ Date of Birth: _____ Sex: Male Female Class (circle one): Freshman Senior Transfer

Home Address (include city, state, and zip): _____

Home Telephone number: _____ Name of parent/guardian: _____ Work Tel #: _____

Name of family physician: _____ Physicians telephone number: _____

In the event of emergency contact: 1) Name: _____ Relationship: _____ Tel.#: _____

(Other than the parent listed above) 2) Name: _____ Relationship: _____ Tel.#: _____

MEDICAL INFORMATION

GENERAL: Have you ever had or now have any of the following? **If yes, please explain.**

Condition	YES	NO	EXPLAIN
Asthma or any difficulty breathing?			If asthma, is it exercise induced? Yes No What triggers do you have? Do you use an inhaler? Yes No
Heart Problems or High Blood Pressure			
Allergies to Medication			
Allergies to Food			
Allergies to Bee Stings			
Seasonal Allergies			
Epilepsy			
Psychological Disorder			
Heat Illness/Exhaustion			
Diabetes			
Hearing/Vision Loss or Impairment			
Are you missing any organs? (eye, kidney, testicle, etc.)			

Injuries: Do you now have or ever had problems with any of the following? **If yes, explain and be specific.** Include surgery, fractures, significant sprains, dislocations, etc. Make sure you indicate left or right side where appropriate! Please also include dates.

Condition	YES	NO	EXPLAIN
Concussions			If yes, how many? Ever Hospitalized?
Skull Fracture/Neck Injury			
Burners/Stingers			
Ankle, Lower Leg			
Knee			
Groin, Back, Chest			
Shoulder, elbow, wrist, fingers			
Other: List any other significant injuries you may have sustained.			

Please list all surgeries you have had along with the year: _____

- Yes No Do you take any medication on a regular basis? If yes, please list the medication and the reason.

- Yes No Do you take any medication on an emergency basis? Medication/Reason: _____
- Yes No Do you wear glasses or contacts during athletic competition? If yes, which one: glasses soft contacts hard contacts
- Yes No Has a physician ever told you that you should not participate in athletics due to a medical condition or injury?
If yes, please explain: _____
- Yes No Is there any other health condition or injury we should know about prior to your participation in athletics at Hudson Valley?
If yes, please explain: _____
- Yes No Do you know of any health reason why you should not participate in athletics at Hudson Valley at this time?
If yes, please explain: _____

INSURANCE INFORMATION

You must attach a copy of your insurance card (both sides) in order to participate!

FATHERS NAME: _____ **SS#:** _____ **Date of birth:** _____

Home address (Include City, State, Zip) _____

Home Tel. #: _____ Work Tel #: _____

Employers Name and Address: _____

Insurance Company: _____ Policy #: _____ Group: _____

Insurance Company Tel. #: _____

Is your child covered under the above policy? Yes No

In this company an HMO/PPO? (very important) Yes No

Are referrals or pre-authorization required before seeing a specialist or having surgery? Yes No

MOTHERS NAME: _____ **SS#:** _____ **Date of birth:** _____

Home address (Include City, State, Zip) _____

Home Tel. #: _____ Work Tel #: _____

Employers Name and Address: _____

Insurance Company: _____ Policy #: _____ Group: _____

Insurance Company Tel. #: _____

Is your child covered under the above policy? Yes No

In this company an HMO/PPO? (very important) Yes No

Are referrals or pre-authorization required before seeing a specialist or having surgery? Yes No

****If you are NOT covered by health insurance through your parents, do you have your own policy?** Yes No

****If so, please list name of insurance company & policy number:** _____

I hereby certify that the answers provided above are true, complete and correct to the best of my knowledge. I authorize the athletic trainer at Hudson Valley to share information on this form with the college health center, our team physician, and any other health care provider that you may be referred to. I also give my consent to allow the college student health service to share all information on my health records with the college athletic trainer, including any new items placed in my records while I am a student at the college. I hereby give consent to the athletic training staff to discuss my health status with my coach on matters that directly pertain to athletic participation. Medical conditions that will not affect your playing status will not be shared with the coaching staff unless you give your consent for the athletic trainer to do so.

****Signature of Athlete:** _____ **Date:** _____

Mail or Return form to: Keith Thomas ATC, Head Athletic Trainer; HVCC; 80 Vandenburg Ave; Troy, NY 12180.



College Health Service

Athletic Preparticipation Physical Evaluation History Form

Semester Fall 20 ____
 Start Spring 20 ____
 Date ____/____/20____
 Time _____

TO BE COMPLETED BY STUDENT AND REVIEWED BY PHYSICIAN

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician is required to review and sign this form below.)

Date of Exam: _____

Name _____ Date of Birth _____

Sex _____ Age _____ Sport(s) _____

Medicines and Allergies Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines

Pollens

Food

Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: Asthma Anemia Diabetes Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: High blood pressure A heart murmur High cholesterol A heart infection Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO
12. 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)?		
13. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
14. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
15. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	YES	NO
16. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
17. Have you ever had any broken or fractured bones or dislocated joints?		
18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
19. Have you ever had a stress fracture?		
20. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
21. Do you regularly use a brace, orthotics, or other assistive device?		
22. Do you have a bone, muscle, or joint injury that bothers you?		
23. Do any of your joints become painful, swollen, feel warm, or look red?		
24. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	YES	NO
25. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
26. Have you ever used an inhaler or taken asthma medicine?		
27. Is there anyone in your family who has asthma?		
28. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
29. Do you have groin pain or a painful bulge or hernia in the groin area?		
30. Have you had infectious mononucleosis (mono) within the last month?		
31. Do you have any rashes, pressure sores, or other skin problems?		
32. Have you had a herpes or MRSA skin infection?		
33. Have you ever had a head injury or concussion?		
34. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
35. Do you have a history of seizure disorder?		
36. Do you have headaches with exercise?		
37. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
38. Have you ever been unable to move your arms or legs after being hit or falling?		
39. Have you ever become ill while exercising in the heat?		
40. Do you get frequent muscle cramps when exercising?		
41. Do you or someone in your family have sickle cell trait or disease?		
42. Have you had any problems with your eyes or vision?		
43. Have you had any eye injuries?		
44. Do you wear glasses or contact lenses?		
45. Do you wear protective eyewear, such as goggles or a face shield?		
46. Are you trying to or has anyone recommended that you gain or lose weight?		
47. Are you on a special diet or do you avoid certain types of foods?		
48. Have you ever had an eating disorder?		
FEMALES ONLY	YES	NO
49. Have you ever had a menstrual period?		
50. How old were you when you had your first menstrual period?		
51. How many periods have you had in the last 12 months?		

Explain "yes" answers here

Physician Comments

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

I have reviewed the above Athletic Preparticipation Physical Evaluation Form.

Signature of physician _____ Date _____



TO BE COMPLETED BY PHYSICIAN

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	Male Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

a Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 b Consider GU exam if in private setting. Having third party present is recommended.
 c Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction

Not cleared Reason _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

***Practice Stamp Required**