



Blue Mountain Community College
Athletic Department
2411 NW Carden, PO Box 100
Pendleton, OR 97801

New Student-Athlete Checklist

Welcome to Blue Mountain Community College Athletics!

BMCC participates in the Northwest Athletic Conference (NWAC). The NWAC is the parent organization for thirty-five community colleges in Idaho, Oregon, Washington and British Columbia. The NWAC is divided into four regions. Under the guidance of BMCC's coaches, student athletes are part of an athletic program that stresses academics, emphasizes the value of teamwork, and strengthens success-producing traits such as dedication, discipline, focus, integrity, communication, organization and leadership.

In order to participate at BMCC, student athletes must have all paperwork completed before arriving to campus. It is very important that everything is completed in its entirety. If you are under the age of 18, a parent or legal guardian must sign all forms. **Parents please review and sign all forms where appropriate.**

You must have a physical completed to participate in BMCC athletics. Please see your primary physician to complete your physical examination.

Blue Mountain Community College does not provide health insurance to participants in college sports. It is mandatory for all student athletes to have personal health insurance.

CHECKLIST

- Completed & Signed Physical Form
- Sports Participation Agreement & Release
- Student Athlete Insurance Information
- Measles Immunization Form
- Hazards and Risks Form (Baseball Players Only)
- Student Handbook – Sign and return Student Athlete Verification Statement

Please be sure all forms are filled out properly and signed. If you have any questions, please feel free to contact me or your coach. **All forms are to be submitted to the Head Coach at your first team meeting in the fall.**

Thank you,

Brett Bryan
Athletic Director, Blue Mountain Community College
Phone: (541)278-5900



Blue Mountain Community College - Athletic Department Student-Athlete Information & Form Overview

Dear Student-Athlete and Parents:

We are providing you with forms which **must be completed prior to participating in practice or contests**. All forms are to be submitted to the Head Coach at your first team meeting in the fall. Please write legibly on all forms. An athlete check list is also provided for your convenience.

The forms are listed below with a brief explanation:

1. **Student Handbook** – The handbook is a collection of student conduct standards and procedures that define BMCC expectations for student athletes. It is the responsibility of each student to become familiar with the Student Handbook.
2. **Physical Examination** – Physical examinations are to be completed by your personal physician prior to fall term. Student Athletes need to complete pages 1 – 4 and your physician will complete pages 5 & 6. Physicals are good for twenty-four (24) consecutive months.
3. **Sports Participation Agreement & Release** – Understanding the guidelines for participation in practice and competition, acknowledgment of risks, compliance with college policies and understanding of financial responsibilities.
4. **Student Athlete Insurance Information** – Blue Mountain Community College does not provide health insurance to participants in college sports. It is mandatory for all student athletes to have personal health insurance.
5. **Measles Immunization Form** – Oregon law requires proof of immunization be provided prior to attendance at a college or university.
6. **Hazards and Risks Form (Freshman Baseball Players Only)** – A warning which lists many of the physical hazards and risks of injury particular to your chosen sport. It alerts you to the knowledge that on rare occasions serious injury and deaths do occur. You sign with the knowledge that you are aware of these hazards and risks.

**ALL FORMS MUST BE SUBMITTED TO THE HEAD COACH AT YOUR FIRST TEAM MEETING IN
THE FALL - PRIOR TO THE FIRST PRACTICE OF THE YEAR!**

STUDENT-ATHLETE

email: _____

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

Date of Birth _____ Age _____ SID _____
Month/Day/Year

Local Address _____ Phone (____) _____
(Number & Street) (City) (Zip)

Home Address _____ Phone (____) _____
(Number & Street) (City) (Zip)

PARENT/GUARDIAN

Parent(s) Name _____
(Last) (First) (Middle Initial)

Home Address _____ Phone (____) _____
(Number & Street) (City) (Zip)

INSURANCE INFORMATION

Are you covered by group or individual health and/or accident insurance? Yes No
If yes, please provide the following information:

Insurance Co. _____ Policy/Group # _____

Subscriber's Name _____ Subscriber ID # _____

EMERGENCY CONTACTS

Name _____ Phone (____) _____ Relationship _____

Name _____ Phone (____) _____ Relationship _____

FAMILY PHYSICIAN

Name _____ Phone (____) _____

SPORTS PROGRAM(S)

Please check ALL appropriate boxes for the sports in which you will be participating at this college:

- | | | | | |
|-----------------------------------|---------------------------------------|-----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> M Basketball | <input type="checkbox"/> M Soccer | <input type="checkbox"/> M Rodeo | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Softball | <input type="checkbox"/> W Basketball | <input type="checkbox"/> W Soccer | <input type="checkbox"/> W Rodeo | |

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

PLEASE CAREFULLY AND COMPLETELY READ THE FOLLOWING INFORMATION

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

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

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

INFORMATION ABOUT YOUR LAST PHYSICAL EXAMINATION:

Date _____ Doctor's name _____ City, State _____

Please list any abnormalities found on any past physical examinations _____

IMMUNIZATION RECORD

Measles*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of last shot	_____
Mumps*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of last shot	_____
Rubella*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of last shot	_____
Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of last dose	_____
Tetanus (Td)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of last shot	_____

*Note: These are commonly noted on immunization records as "MMR" and often given as one shot. A second dose of measles vaccine is recommended for college entrance.

FAMILY MEDICAL HISTORY

Please check YES or NO in appropriate box.

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

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

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

MEDICAL CONDITIONS & ILLNESSES

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

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

INJURIES & SYMPTOMS

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

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

GENERAL QUESTIONS

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

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

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

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

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

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

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

Please list all hospitalizations:

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

Describe your current pattern of physical exercise

Activity	Frequency	Duration	Intensity

Describe the sickest you have ever been _____

Describe any weight changes over the last six months _____

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

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

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

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

AGREEMENT OF UNDERSTANDING

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

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

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

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

Student _____ Date _____

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

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

PHYSICAL EXAMINATION FOR SPORTS PARTICIPATION

To be completed by Licensed Medical Provider

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

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

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

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

Resting pulse rate: Apical _____ Radial _____

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

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

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

LABORATORY TESTS (Optional or as indicated by examination)

Urinalysis: Sugar _____ Albumin _____ Ketones _____ Other _____

Hematology: Hematocrit _____

Summary of abnormal lab work _____

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

Orthopedic Diagnoses _____

General Medical Diagnoses _____

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

DISPOSITION (Please check one)

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

Medical Provider's signature _____ Date of Exam _____

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

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

Mail completed form to: (COLLEGE)

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

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



Blue Mountain Community College - Athletic Department Sports Participation Agreement and Release

I, _____ desire to participate in intercollegiate sports, or to try out as a recruit (hereinafter referred to as "college sports") at Blue Mountain Community College. College sports include travel to and from, and participation in, practices and competition. In consideration of being allowed to participate in college sports, I hereby acknowledge and agree as follows:

1. Insurance

Blue Mountain Community College does not provide health insurance to participants in college sports, nor does it otherwise provide benefits or compensation for injury, disability, or death, arising out of college sports activities. I agree to acquire and maintain a policy of health insurance that will provide insurance benefits in the event of injuries received while involved in college sports.

I further understand that maintaining the said policy of health insurance throughout the entire time of my participation in college sports is a condition of my being able to participate. If my policy of insurance lapses for any reason, I will be suspended from all college sports activities, and I agree to this.

I further agree that prior to participating in college sports I will produce proof satisfactory to Blue Mountain Community College that I have such coverage, and I further agree that Blue Mountain Community College may at any time thereafter ask me to produce proof that insurance is continuing. Upon request, I will immediately provide such proof.

2. Acknowledgment of Risks

I am aware that all college sports, even including "noncontact" sports, include a real risk of injury or death. The nature of the potential injury may vary with the sport and with the physical characteristics of the participants, including myself. The dangers may include, but are not limited to, bodily injury, including injury to ankles, knees, shoulders, fingers, face, head, back, neck, eyes, and including broken bones, paralysis, sprains, lacerations, contusions, concussion, loss of limbs, and even death. I fully assume all risks to person or property in connection with my participation in college sports.

I am in good physical and mental health and do not have any physical or mental conditions which could affect my ability to participate in college sports. I acknowledge the possibility that I may have a medical condition of which I am unaware that could put me at risk for injury or death. I fully assume all risks of injury or death in that regard as well.

3. Release and Waiver

I fully and forever release, waive and discharge, and covenant not to sue, Blue Mountain Community College (including, but not limited to, its governing board and board members, its officers, employees, representatives, directors, agents, students acting as employees, and employees), hereinafter referred to as "releasees," from any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses arising, directly or indirectly, in connection with my participation in college sports from any cause whatsoever, including, but not limited to, damage or loss of property, bodily injuries, medical treatment, and death, whether or not foreseeable or contributed to by the negligent acts or omissions of the releasees or others.

4. Indemnification and Hold Harmless

I shall indemnify and hold harmless the releasees for and from any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses arising, directly or indirectly, as a result of my intentional or negligent acts or omissions during or as part of college sports.

5. Compliance with Laws and College Policies

I shall fully comply with all applicable laws, Blue Mountain Community College policies, and all sports rules and regulations while involved in college sports. If my participation in college sports is at any time deemed detrimental to the team, to Blue Mountain Community College, or to any other participants, as determined by Blue Mountain Community College in its sole discretion, I understand that I may be suspended or removed from college sports without Blue Mountain Community College incurring any liability; I also may be subject to further disciplinary action.

6. No modifications, Controlling Law, Separability

This agreement may not be amended or modified, in whole or in part, except in writing duly executed by me and Blue Mountain Community College. This agreement shall be governed by, and construed and enforced in accordance with the laws of the state of Oregon. In the event any provision of this agreement shall be held unenforceable by a court of competent jurisdiction, such unenforceability shall not affect any other provision, and this agreement shall be construed as if such provision, to the extent of such unenforceability, had not been incorporated herein.

7. Reading and Understanding

I have read and fully understand this agreement. I intend that this agreement be legally binding upon and enforceable against me and my family members, and my estate, heirs and legal representatives. I intend that this agreement inure to the benefit of the college. Unless the following paragraph is applicable, I certify that I am at least eighteen years of age, fully competent, and entering into this agreement voluntarily and of my own judgment. I acknowledge that I have the right to have this agreement reviewed by legal counsel of my own choosing prior to the execution hereof.

If I am under eighteen years of age, then my parents and/or legal guardian sign below in addition to me. And in so doing, and by this reference, the parents/legal guardian agree to be bound by the terms hereof and agree that to the extent allowed by law this agreement shall be binding upon them and upon the student.

I have duly executed and delivered this agreement to Blue Mountain Community College as of the date of my signature below:

Print Student-Athlete Name

Date

Student-Athlete Signature

Date

Signature of Parent or Legal Guardian
(if student-athlete is under 18 years of age)

Date

(Where applicable): I/we represent that I/we am/are the parent (s) or legal guardian (s) of the above-referenced student. I/we sign this agreement after having read and understanding all of the terms, and I/we agree to be bound thereby. For our student and for ourselves individually, we fully and forever release, waive and discharge and covenant not to sue the college from or for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses arising, directly or indirectly, in connection with our student's participation in college sports from any cause whatsoever, including, but not limited to, damage or loss of property, bodily injuries, medical treatment and death, whether or not foreseeable or contributed to by the negligent acts or omissions of Blue Mountain Community College, its officers, agents, directors, or others, and I/we intend this release, waiver, discharge, and covenant not to sue to apply to all causes of action of any sport that our students may have against the releasees or that we may have individually or jointly with our student or others.

Student-Athlete Signature

Date

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



Blue Mountain Community College - Athletic Department Student-Athlete Insurance Information

(Please print)

Blue Mountain Community College does not provide health insurance to participants in college sports. It is mandatory for all student athletes to have personal health insurance.

Date: _____/_____/_____

Athlete's Name: _____

Local Address: _____

City

State

Zip Code

Phone: _____ Cell Phone: _____

Parent/Legal Guardian Name: _____

Address: _____

City

State

Zip Code

Phone: _____ Cell Phone: _____

Primary Insurance

Insurance Company Name: _____

Mailing Address: _____

_____ Phone: _____

City State Zip Code

Subscriber Name: _____

Group Number: _____ Policy Number: _____

Relationship to Subscriber: _____

Student-Athlete Signature: _____ Date: _____

Parent Signature (If under 18): _____ Date: _____



Oregon Certificate of Immunization Status for Colleges & Universities Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or a nonmedical or medical exemption be signed prior to attendance at a college or university. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local Public Health Department by the institution upon request of the Authority. Please list immunizations in the order they were received.

Last Name	First	Middle Initial	Birthdate
Mailing Address		State	Zip Code
Telephone Number		Alternate Contact Number	

Required Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Measles/Mumps/Rubella (MMR)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
<i>or</i>					
Measles vaccine only	/ /	/ /			
Mumps vaccine only	/ /	/ /			
Rubella vaccine only	/ /	/ /			
MMR No Date for Dose 1, Dose 2 received after December 1989 (for students born prior to 1984)		/ /			

Age exemption for measles
Please indicate your date of birth, if born before 1957: _____
Month / Day / Year

For medical exemptions:
Please submit a **letter signed by a licensed physician stating:**

- Name
- Birth Date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature

Physician's contact information, including phone number

PPD	Date Administered	/ /
	Date Read	/ /
	Reading	mm

Nonmedical Exemption:
I have received information regarding the benefits and risks of immunizations. I understand that I may be excluded from school if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner
 The vaccine educational module approved by the Oregon Health Authority

Signature _____ Date _____

Optional:
ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief Philosophical belief Other

I certify that the above information is an accurate record of this immunization history.

Signature _____ Date _____

Update Signature _____ Date _____

See Reverse for Recommended Vaccine Record



Blue Mountain Community College - Athletic Department Acknowledgement of Hazards & Risks

Baseball Players Only

INFORMED ACKNOWLEDGEMENT OF HAZARDS AND RISKS CONNECTED WITH PARTICIPATION IN BASEBALL

Print Student-Athlete Name

THIS FORM MUST BE SIGNED BY THE STUDENT AND PARENT OR LEGAL GUARDIAN
IF THE STUDENT IS UNDER 18 YEARS OF AGE.

PLEASE READ CAREFULLY AND BE SURE YOU UNDERSTAND BEFORE YOU SIGN.

WARNING

Participation in any athletic activity may involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possibly crippling injury to one's body. There is also the possibility of suffering emotional distress or psychological injury as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor cuts, scrapes, bruises, muscle strains, or bone fractures and dislocations to catastrophic injury, such as complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Baseball is a competitive ball and bat team sport. As in all sports, **Baseball** involves the RISKS OF SERIOUS INJURY OR DEATH. Injuries in this sport are common, and occur to all parts of the body, including the head and neck, shoulders, arms, chest, hands and fingers, hips and legs, knees, and ankles and feet.

These risks of injury in the sport of **Baseball** include the possibility of: injury to the neck and spinal column or cord, resulting in complete or partial paralysis; injury to the head, resulting in brain damage; and injury to the body's bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system. Injury to the body's nerves, the heart and blood vessels, and other internal or reproductive organs is also possible. Such injuries may cause temporary disability or can result in permanent impairment.

Pitchers, in particular, are susceptible to shoulder and arm injuries. Fatalities in **Baseball** typically are caused by direct blows to the chest from a struck or pitched ball or from head and neck injuries caused by being hit with baseballs or bats or by colliding with other players.

Pre-existing medical conditions, including illness, disease, and prior injuries can be aggravated or cause other injuries while engaged in the sport of **Baseball**. Use of drugs, alcohol, or medications can contribute to injury or illness while participating in athletic activity. Some injuries may be caused as a result of poor physical conditioning and overexertion. Such overexertion can result in injury to muscles, the heart, and other body parts, resulting in sprains and strains, cardiac or cardiopulmonary arrest, and other medical conditions.

Baseball injuries can also result from the use of correct or incorrect playing techniques used in tryouts, practices, warm-ups, drills, games, plays, or other similar undertakings. Injury to the head or other parts of the body can result from contact with other participants, the playing surface, training equipment, the backstop, and other solid objects in and around the playing field. Injury can result from the improper fit of equipment, from defective or worn-out equipment, and from otherwise wearing and/or failing to use **Baseball** equipment or other protective gear. Injury can result from training room procedures; from the use of training equipment; from the administration of first aid; or from failing to follow game, training, safety or other team rules. The use of transportation provided or arranged by the College to and from **Baseball** games and other related activities also involves a risk of injury or death.

The purpose of this WARNING is to bring your attention to the existence of potential dangers associated with athletic participation. **There is, however, always the risk of other types of injuries or the risk of injury or death resulting from other causes not specified here.**

The purpose of this WARNING is also to aid you in making an informed decision as to whether you (or your child or ward) should participate in this athletic activity and, as a condition of such participation, sign the foregoing **ACKNOWLEDGEMENT OF HAZARDS AND RISKS CONNECTED WITH PARTICIPATION IN Baseball**. In addition, its purpose is to make you aware that as a student-athlete (or as a parent or guardian of a student-athlete), it is your responsibility to learn about and/or ask coaches, physicians, or other knowledgeable persons about any concerns that you might have at any time regarding athletic safety and participation in the community college's **Baseball** program.

STUDENT-PARENTAL ACKNOWLEDGEMENT OF HAZARDS AND RISKS

I have read the above warning, which is incorporated here by reference, and I understand that **Baseball** is a sport involving the **RISKS OF INJURY OR DEATH**. I also understand that by participating (or by permitting my child or ward to participate) in the **Baseball** program at this community college, I (my child or ward) am subject to the possibility of injury or death as outlined in the **WARNING** above.

CAUTION

BY SIGNING THIS ACKNOWLEDGEMENT OF HAZARDS AND RISKS, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING, THAT I UNDERSTAND ITS CONTENTS AND WARNING, AND THAT I AGREE TO ITS TERMS AND CHOOSE TO PARTICIPATE (OR TO PERMIT MY CHILD OR WARD TO PARTICIPATE) IN THE INTERSCHOLASTIC SPORTS OF BASEBALL AT THIS COMMUNITY COLLEGE.

Signature of Student-Athlete Date

Signature of Parent or Legal Guardian (if student is under 18 years of age) Date

WITNESS – COLLEGE OFFICIAL

On the _____ day of _____, 20_____, I witnessed the execution of the above.

Signature of School Official Position

*NOTE: If it is not possible for a college official to witness the signature of the parent or legal guardian when the student is under the age of 18, a notary shall witness the parent's or guardian's signature to this acknowledgement of hazards and risks.

Character, Competition, Community

Blue Mountain Community College



Timberwolves

Student-Athlete Handbook

Mission

The mission of the Blue Mountain Community College Athletic Department is to create and provide an environment where each student-athlete may have the opportunity to have a positive and successful experience.

Through the Blue Mountain coaches and athletic director, student-athletes will be part of a program that:

1. Stresses academic, personal, and athletic excellence.
2. Strengthens success-producing traits such as dedication, discipline, focus, integrity, communication, organization and leadership.
3. Emphasizes the value of teamwork.
4. Creates a positive lasting memory for each athlete of Blue Mountain Community College.

Philosophy

The Blue Mountain Community College athletic program is an integral part of the college's comprehensive educational plan. The program is designed to provide a positive influence in developing the student-athlete's mind, body and character. Students participating in athletic activities at Blue Mountain Community College are required to be full-time students and are expected to make satisfactory progress toward completion of their educational goals.

Introduction

The purpose of this handbook is to set out the goals and objectives, regulations, policies and procedures of the Blue Mountain Community College Athletic Department. It is intended to assure a systematic and efficient organization and operation.

Blue Mountain Community College and its athletic department require all student-athletes to demonstrate good moral conduct and ethical judgment which reflects favorably upon themselves, the college, the Northwest Athletic Conference (NWAC), and the Blue Mountain community at large. Student-athletes are subject to the policies and procedures as set out in the student-athlete handbook, as well as federal, state and local laws.

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 higher standards of personal conduct and appearance.

Administration

Blue Mountain Community College is a member of NWAC. The administration of the intercollegiate athletic activities of member schools is coordinated through the conference athletic commission, which is composed of two representatives from each member school.

Expectations of Student-Athletes

BMCC student-athletes have a responsibility to be students first, with the primary goal of earning a degree.

Understand that personal accountability is the foundation not only of each individual's successful academic and athletic experience, but their personal life as well. All student-athletes must be mindful that at all times they represent Blue Mountain Community College and its athletic department, as well as their individual teams. Upperclassmen have the responsibility to serve as exemplary role models for new student-athletes.

Each student-athlete shall:

- ✦ Be officially enrolled in a minimum of twelve (12) credit hours during each quarter of participation at BMCC.
- ✦ Maintain a minimum 2.00 grade point average (GPA). (See Basic Eligibility Criteria Rule)
- ✦ Meet all academic responsibilities including attending class regularly, turning in assignments, interacting appropriately with faculty, meeting with college and faculty advisors and making a commitment to academic integrity.
- ✦ Attend all practice sessions. Coaches must be notified prior to practice if a player is unable to attend.
- ✦ Participate in all fund raising events.

Athletic Eligibility

A student-athlete will be eligible to represent Blue Mountain Community College provided he or she meets the provisions as set out in the official Code Book of NWAC. The main provisions are outlined below, however, this list is not all-inclusive and student-athletes are encouraged to discuss questions about eligibility with their respective coaches. It is the responsibility of the student-athlete to know and understand the basic rules that govern athletic eligibility.

✦ Basic Eligibility Criteria

The student-athlete:

- Shall be a high school graduate, or the class year of which they were a member shall have graduated.
- Shall be registered within 20 days from the beginning of the quarter in which the student-athlete wishes to participate.
- Shall not have participated in any one sport for more than two (2) seasons at any post-secondary educational institution.
- Shall be officially enrolled in a minimum of twelve (12) credit hours or the equivalent during their last quarter or semester of enrollment at any post-secondary institution, except that this provision shall not apply to the initial quarter of entry into post-secondary education.

✦ Second Year Participation

- To qualify for eligibility to participate in a second season of any sport, a student must have earned a minimum of thirty-six (36) quarter credit hours or the equivalent, starting with and including the first quarter of participation. In addition, the second year athlete must maintain a cumulative grade point average (GPA) of 2.00 during any quarter of participation. The 2.00 GPA must be for all college credits beginning with the first quarter of enrollment in the first year of participation.

✦ Summer School

- By attendance at summer school, a student-athlete can regain qualification for meeting the provisions for the 12 credits previous quarter, the 36 credit-second year participation and also the 2.00 GPA eligibility requirements. Any number of summer school credits can be earned at any accredited institution and can be added to complete the second year 36 quarter credit rule or added to the previous quarter to fulfill the completion of the 12 quarter credit hour previous quarter rule.
- Summer school credits can also be used to increase the GPA to a 2.00 accumulative. However, the grade point for all summer school quarter credit hours attempted must be calculated in to the cumulative grade point average.

Athletic Scholarships

Awarding of these scholarships will be left to the discretion of the Athletic Director and is subject to the approval of the Associate VP of Student Affairs. Awardees must be seeking a BMCC degree or certificate, be attending full-time, and complete 12 credits with a 2.0 GPA each term to continue receiving the next term's tuition scholarship.

Athletic Emergency Information

The following forms must be on file in the athletic office at the beginning of each sports season, or at any other time during the academic year as required by NWAC regulations:

- Current complete physical examination
- Student-athlete Accident Insurance Coverage information
- Student-athlete class schedule and address information
- NWAC Athletic Questionnaire/Recruiting Disclaimer

Athletic Insurance

Blue Mountain Community College does not provide health insurance to participate in college sports, nor does it otherwise provide benefits or compensation for injury, disability, or death, arising out of college sports activities. I agree to acquire and maintain a policy of health insurance that will provide insurance benefits in the event of injuries received while involved in college sports.

The student athlete must understand that maintaining the said policy of health insurance throughout the entire time of participation in the college sports is a condition of being able to participate. If the student's insurance lapses for any reason, the student will be suspended from all college sports activities.

The student athlete must agree that prior to participating in college sports, he/she will produce proof satisfactory to Blue Mountain Community College that he/she has such coverage, and further agree that Blue Mountain Community College may at any time thereafter ask him/her to produce proof that insurance is continuing. Upon request, he/she will immediately provide such proof.

Physical Examinations

In accordance with the official Code Book of NWAC, after July 1 and prior to the first practice of each year of participation in any sport, a student-athlete shall undergo a medical examination and be approved for intercollegiate athletic competition. The results of this physical are reported on a form specified by NWAC and provided by the Blue Mountain Community College athletics department. It is the coach's responsibility to ensure that the completed form is on file with the athletic department. No athlete may participate in practice until the physical examination has been completed and is on file with the BMCC athletic department. The Physical Examination shall be valid for twenty-four (24) consecutive months to the date unless otherwise limited by the physician indicating the physical is only good for less than twenty-four (24) consecutive months.

Financial Aid

Athletic Scholarships: In addition to federal financial aid, student-athletes may be eligible for athletic scholarships and student work-study employment. The responsibility for awarding athletic financial assistance rests with the head coach of each sport. To receive athletic aid and remain eligible for it, the student-athlete must be registered as a full-time student (12 credit hours), maintain a 2.0 GPA and meet the academic standards as set by Blue Mountain Community College. The maximum amount that can be awarded shall not be more than the maximum allowed by NWAC.

The acceptance of any financial aid, directly or indirectly, except as outlined in the official Code Book of NWAC, can adversely affect a student-athlete's eligibility.

Student-athletes must maintain a 2.00 GPA each term to be eligible for athletic scholarships and financial aid. If the cumulative GPA drops below 2.00 in any quarter, the student-athlete will be placed on probationary status for the next quarter. Athletic scholarships will not be provided during the probationary quarter. Continuation of financial aid and athletic scholarships will be contingent upon the student-athlete meeting the 2.00 cumulative GPA requirements by the end of the probationary quarter.

Athletic Employment: Student-athletes may be awarded athletic employment according to the availability of funds. The maximum grant is two thousand dollars (\$2,000.00) per year. The maximum average number of hours that a student-athlete can work during a week is nineteen (19).

All student-athlete employment is to be performed on campus as assigned and supervised by college employees. There will be no work performed on non-school days unless there is a college-sponsored event.

Code of Conduct – Athletes:

All team members of Blue Mountain Community College intercollegiate sports programs shall adhere to the following rules and standards of conduct:

- **Drug and Alcohol Use:** It is the policy of Blue Mountain Community College to prohibit the unlawful use, sale, dispensing, transfer or possession of controlled substances, alcoholic beverages or drugs not medically authorized. The use or possession of drugs, alcoholic beverages by any participant (student, coach, faculty, staff or official) during any NWAC or member college practice, game or athletic activity is prohibited and will result in the participant being removed from that activity. Any athlete involved in the use of drugs or alcohol may face suspension or dismissal from the team and/or Blue Mountain Community College, as well as legal action. All student athletes are subject to the laws of the City of Pendleton, as well as state and federal law.
- **Tobacco Use:** NWAC Code Book, Section 15: The use or possession of any form of tobacco by any participant (student, coach, faculty, staff, or official) during any NWAC or member college practice, game or athletic activity is prohibited and will result in the participant being removed from that activity.

As a student athlete you are a highly visible representative of the college. It is very important that you act in a manner that will not embarrass either yourself or the college. Therefore, in addition to any Blue Mountain Community College sanctions that may be imposed for misconduct, student athletes may be considered for suspension from participation in intercollegiate athletics for any of the following:

- Violation of NWAC or BMCC rules.
 - Arrest for any crime other than a minor traffic offense.
 - Possession of any illegal drug, including possession or consumption of alcohol.
 - Unauthorized possession of any steroid.
 - Fighting with, threatening the safety of, or harassing any individual.
 - Destruction of BMCC property.
 - Unauthorized entry into any BMCC building.
 - Any conduct that reflects unfavorably upon BMCC or its athletic department.
 - Social Networking
- **Suspension:** The suspension imposed may range anywhere from one day to one or more games or to removal from the team depending on the severity of the misconduct and the surrounding circumstances. Athletic Director and/or VP of Student Affairs, will be responsible for imposing disciplinary actions. The suspension imposed may also be indefinite pending the outcome of an investigation, hearing, or other future event. The cancellation or non-renewal of an athlete's grant-in-aid for any act of misconduct will be done in accordance with NWAC and BMCC regulations.
 - **Disciplinary Appeals:** Should a student athlete believe that he or she may have a grievance subject to appeal, that student athlete may file a written appeal with the Athletic Director describing the specifics of the grievance. The Athletic Director will then hold a meeting with the student athlete and the head coach.

Team Conduct During Travel

Student-athletes are expected to adhere to the following travel rules:

- Instructors must be informed twelve (12) days prior to the trip and all efforts must be made to assure assignments are complete.
- Be on time at scheduled departure times and location.
- To travel to and from a school authorized event in school authorized transportation unless released by the head coach.
- Be prompt for all meetings.
- All members are to eat at the designated time and place unless otherwise excused by the coach.
- Curfew regulations are to be strictly adhered to as directed by the coach.
- To conduct themselves in an appropriate manner as an official representative of Blue Mountain Community College.

Summary

The information contained in this handbook is not intended to be all-inclusive. Each Blue Mountain Community College student-athlete is encouraged to speak with his or her coach whenever any problem, concern or questions arises regarding their academic or athletic experiences at BMCC.

Amateurism

Have you ever participated or tried out for a professional team? Yes No

Have you ever played with, received payment or signed a contract to play for a professional team? Yes No

If "YES", list the sport, organization and date signed _____
Sport Organization Date

STUDENT-ATHLETE VERIFICATION STATEMENT

Student-Athlete Handbook

I certify that I have read the Blue Mountain Timberwolves Student-Athlete Handbook. I understand all of the rules and regulations of the college and the Athletic Department listed in the Student-Athlete Handbook. I will contact the Athletic Department if I do not understand any of the elements of the document.

By signing below I certify that I will adhere to all of the rules and regulations listed in BMCC's Athletics Student-Athlete Handbook.

Print Student-Athlete Name

If under the age of 18, signature of parent or legal guardian

Student-Athlete Signature

DATE: _____

DATE: _____

PLEASE SUBMIT ALL FORMS TO THE
HEAD COACH AT FIRST
TEAM MEETING IN THE FALL

