## Returning Student-Athletes and Parents (Athletes – Please keep this page for information)

The following information is extremely important for athletic preparation and eligibility at Community Colleges of Spokane (CCS). The primary concern of the Athletic Training Staff and team physicians is to provide medical care for student-athletes at CCS. Please read these instructions, complete the appropriate forms, and mail all documents needed to the address below. If you have questions, please contact the HEAD COACH for your sport.

In the required packet, you will find the following forms and requests for associated documents:

#### 1. NWAC Athletic Questionnaire/Recruiting Disclaimer

This form contains all required NWAC and CCS required eligibility information. This form must be fully completed, signed and dated.

#### 2. Health History

RETURNING STUDENT-ATHLETES: You are only required to have a full physical exam your first year. Each subsequent year you will be screened by the Athletic Training Staff for changes in your medical status. If needed, you will be referred to a physician for further examination and clearance to participate. If you are currently experiencing a medical problem or have had any major illnesses or significant injury since your last health screening you must provide a written release authorizing your participation in varsity collegiate athletics from your treating licensed health care provider. If you were treated by a Community Colleges of Spokane Athletic Training Staff member and/or team physicians, we will provide this release for you.

#### 3. Insurance Information

Community Colleges of Spokane provides secondary insurance coverage for all student athletes which is in effect during officially scheduled and supervised participation in varsity athletics. Summit America Insurance administers this excess athletic policy which is designed to pay the balance of <u>covered</u> expenses up to the maximum of the policy after the bills have been processed through the student's primary insurance. For these purposes, the primary insurance is your personal insurance which may be coverage through a parental policy. The CCS Athletic Department is intended to pay any deductibles the primary insurance or athletic insurance does not pay. Any student-athlete who sustains an injury that occurred during supervised participation (when a coach is present) during the season is covered under this secondary policy, up to the policy limits and under its restrictions. The primary insurance will be billed first and student-athletes and/or their parents/guardians if under age 18 are responsible for providing the remaining statement balance to the insurance coordinator for processing payment. Information on the athletic insurance policy is available upon request of the athletic trainer.

## \*\*\* In order to provide the proof of primary insurance you must attach a COPY of your insurance card(s) \*\*\* front and back to the insurance form submitted to Community Colleges of Spokane.

#### 4. Student-Athlete Authorization for Release of Protected Health Information

The Athletic Training Staff may refer student-athletes to medical specialists based on a particular issue or injury. In this circumstance, an authorization is necessary for the Athletic Training Staff to provide protected health information to the medical specialist. The Student Consent for Release of Protected Health Information form provides this authorization and is valid for 380 days from the date of your signature.

#### 5. FERPA Consent Form

This form provides consent for college officials to share educational records orally or in writing in order to ensure maintenance of athletic eligibility. This form must be signed and dated to authorize such disclosures.

# ALL FORMS MUST BE SUBMITTED PRIOR TO THE FIRST PRACTICE OF THE YEAR!

Return all forms to <u>SFCC</u> if you are competing in any of the	Return all forms to <u>SCC</u> if you are competing in any of the
following sports: • Baseball • Softball • Basketball-Women • Volleyball • Soccer - Men	following sports:Soccer-Women• Basketball-Men• Soccer-Women• X-Country-M/W• Tennis-M/W• Golf-M/W• Track & Field-M/W
Nancy.Zacher@ccs.spokane.edu ■ 509 533-3630	Wendy.Irish@ccs.spokane.edu ■ 509 533-7230
Spokane Falls Community College * MS 3070	Spokane Community College * MS 2050
3410 W Fort George Wright Drive	1810 N Greene Street
Spokane, WA 99224-5288	Spokane, WA 99217-5399



## Northwest Athletic Conference ATHLETIC QUESTIONNAIRE

This form MUST be completed and returned to your coach or the college Athletic Office before participating in ANY athletic activity is permitted. All information **MUST BE COMPLETED. FRONT AND BACK. PLEASE PRINT CLEARLY.** 

COLLEGE ATTENDING SCC SFCC BOTH		SPORT(S)		SCH	HOOL YEAR	
FULL NAME	I					MALE
STUDENT ID #				BIR	RTHDATE	
LOCAL ADDRESS				I		
CITY, STATE, ZIP						
PERMANENT ADDRESS (if different from above)						
CITY, STATE, ZIP						
CELL PHONE	EMA	AIL				
HIGH SCHOOL	CITY	(, STATE		GRADUA	ATION DATE	
	L					
If you did not attend college immediately following high sch	100l, ir	dentify activities you		ne period:		
DATES			ACTIVITIES			
	—					
	—					
If you have attended other collegiate institutions (including following:	, comn	nunity college) since ł	nigh school (this includes any pr	revious years	at CCS), complete	the
DATES ATTENDED (MONTH & YEAR)		COLL	EGE		CITY/STATE	
	<u> </u>					
If a transfer student, number of hours transferred:		Quarter Hours	s	Semester Hou	rs	
If a transfer student, number of hours transferred: Are official transcripts from all previous colleges on file with	ו the a	-		Semester Hou	irs	□ NO
Are official transcripts from all previous colleges on file with	ו the a	-		Semester Hou		□ NO
	h the a	-		Semester Hou		□ NO
Are official transcripts from all previous colleges on file with		admissions office at So		Semester Hou		□ NO
Are official transcripts from all previous colleges on file with ATHLETIC PARTICIPATION	T since	admissions office at So e high school?		Semester Hou	□ YES	
Are official transcripts from all previous colleges on file with ATHLETIC PARTICIPATION Have you participated in an intercollegiate CONTEST/EVENT Have you participated in an intercollegiate PRACTICE since If YES, list any participation at all colleges attended, includin	T since high so	admissions office at So e high school? chool?	CC or SFCC? CCS):		YES YES	□ NO
Are official transcripts from all previous colleges on file with <b>ATHLETIC PARTICIPATION</b> Have you participated in an intercollegiate CONTEST/EVENT Have you participated in an intercollegiate PRACTICE since	T since high so	admissions office at So e high school? chool?	CC or SFCC?		YES YES	□ NO
Are official transcripts from all previous colleges on file with ATHLETIC PARTICIPATION Have you participated in an intercollegiate CONTEST/EVENT Have you participated in an intercollegiate PRACTICE since If YES, list any participation at all colleges attended, includin	T since high so	admissions office at So e high school? chool?	CC or SFCC? CCS):		YES YES	□ NO
Are official transcripts from all previous colleges on file with ATHLETIC PARTICIPATION Have you participated in an intercollegiate CONTEST/EVENT Have you participated in an intercollegiate PRACTICE since If YES, list any participation at all colleges attended, includin	T since high so	admissions office at So e high school? chool?	CC or SFCC? CCS):		YES YES	□ NO

LETTER OF INTENT												
Have you ever signed a Letter of Intent?	□ YES	□ NO	If YES, for what sport?									
College			City/State	Year:								
AMATEURISM												
Have you participated on or tried out for a	professiona	I team?			□ YES	□ NO						
Have you ever played with, received payment from, or signed a contract to play with a professional team?												
If YES, list sport, organization, and date sign	ned:											

Have you notified the team you are leaving?

When was the last time you participated?

□ NO

□ YES

SCHOLARSHIPS AND FINANCIAL STATUS		
Have you been awarded an athletic tuition grant-in-aid at this college for this academic year?	□ YES	□ NO
Have you received any other (non-athletic) scholarship and/or aid from this college for this academic year?	□ YES	□ NO

ALL ACADEMIC TEAM AND ACADEMIC LEADERSHIP AWARD										
College Major:		Educational Goal:								
List sport(s) and year(s) participated in										
List athletic and academic honors and awards received in high school:										
List athletic and academic honors and awards received in college:										

ATTENDANCE VERIFICATION				
Are you attending CCS because of the athletic pro	gram	)		□ YES □ NO
Since your decision to attend, have any friends/re	□ YES □ NO			
	1.	4	4.	
If YES, please list their names:	2.	5	5.	
	3.	6	6.	
List your estimated monthly expenses for Foo	d	\$ Lodging \$		If you live with parent(s) and do not pay, list \$0.00.

#### NWAC RECRUITING DISCLAIMER

In accordance with the NWAC Code Book (Article VI, Section 2), athletic recruiting is only allowed in the states of **Washington, Idaho, Oregon, Montana, Alaska, Hawaii, California, Nevada, Utah or Wyoming and the province of British Columbia**. Student-athletes whose home residence is outside the aforementioned contiguous states must submit an NWAC Athletic Questionnaire and Recruiting Disclaimer to the conference office. Passed 6/15/15; Effective 7/1/15

To the best of my knowledge, the information I have provided is accurate and complete. I understand that falsification of my academic or athletic participation records will result in immediate suspension of athletic eligibility in any sport at any NWAC member college.

I give my permission for the Athletic Department to use my student Identification number for eligibility purposes, including use on forms and transcripts, as required when sent to other schools and to the NWAC office.

STUDENT-ATHLETE'S SIGNATURE \_\_\_\_\_\_

DATE \_\_\_\_\_

NWAC, PLS 033 Clark College 1933 Fort Vancouver Way Vancouver, WA 98663

Comm	nunity Colleges of Sp	okane				
Community Colleges of Spokane PHYSICAL EDUCATION, ATHLETICS, RECREATION & WELLNESS = SPOKANE SASQUATCH = HOME OF THE BIGFOOT Spokane Community College = MS 2050 1810 N Greene Street = Spokane, WA 99217-5399 1810 N Greene Street = Spokane, WA 99217-5399 509-533-3630 Configure = Spokane, WA 992217-5288 509-533-3630 Configure = Spokane, WA 992217-5399						
	3					

## **MEDICAL HISTORY UPDATE FORM**

This form MUST be filled out and returned to your coach or the college Athletic Office before participation in ANY athletic activity is permitted. All information **MUST BE COMPLETED**. **PLEASE PRINT CLEARLY**.

## TO BE COMPLETED BY SECOND-YEAR OR RETURNING ATHLETES ONLY

FULL NAME (PRI	NT)										
			LAST			FIRST		-	- I - I	1	MI
ATTENDING	□scc		□вотн	SID #	-		-				
SCHOOL YEAR		E-MAIL									
	FEMALE	BIRTHDATE		MONTH/DAY/YEAR			AGE				
				MONTH/DAY/YEAR							
SPORT(S)							RESHMA	N 🗆	SOPHO	MORI	E
LOCAL ADDRESS											
	CITY				STATE			ZIP			
PERMENANT AD	DRESS (IF DIFFERE	NT FROM ABOVE									
	CITY				STATE			ZIP			
CELL PHONE				HOME PHONE							
EMERGENCY CO	NTACT				RELATIC	NSHIP					
CELL PHONE		H	OME PHONE		WOR		NE				
EMERGENCY CO	NTACT				RELATIC	NSHIP					
CELL PHONE		H	OME PHONE		WORI		NE				

## THIS INFORMATION WILL BE KEPT CONFIDENTIAL

## A. MEDICAL ILLNESS: IN THE PAST YEAR HAVE YOU HAD ANY OTHE THE FOLLOWING?

	Use this column to briefly explain YES answers		
1. Chest pain while exercising		□YES	□NO
2. Fainted or nearly fainted while exercising		□YES	□NO
3. Unexplained shortness of breath or fatigue with exercise		□YES	□NO
4. Suffer from heat illness		□YES	□NO
5. Been knocked out or experienced a concussion. If <b>YES</b> , were you seen by a medical professional?		□YES	□NO
6. Diagnosis of mononucleosis, pneumonia or other infectious virus		□YES	□NO
7. Other illnesses, please list:			

FUL	L NAME (PRINT)					SID#				-		-		
-				FIRST	MI									
в.	GENERAL MEDICAL INFORMATION:				• 0									
1			U	se this column to b	oriefly	explai	n YE	:S ar	iswe	rs				[
	1. Do you have or have you ever been tr													
	for diabetes? If <b>YES</b> , please list the age a your diabetes began as well as any and a												YES	□NO
	medications you take for this condition	a11												
	2. Have you ever had anemia?												YES	□NO
	3. Do you have sickle cell trait/anemia?												YES	□NO
	4. Do you have or have you ever had hypoglycemia (low blood sugar)?												YES	□NO
	5. Do you have a vision defect in either of	one or												
	both eyes? If YES, please specify.												YES	□NO
	6. Do you wear glasses?	□YES	□NO	If YES, do you we	ar the	em duri	ing a	thle	tic a	cti	vity?		YES	□NO
	7. Do you wear contact lenses?	□YES	□NO	If YES, do you we	ar the	em duri	ing a	thle	tic a	cti	vity?		YES	□NO
	8. Do you wear any dental appliances?	□YES	□NO	If YES, do you we	ar the	em duri	ing a	thle	tic a	cti	vity?		YES	□NO
	9. Do you have a hearing defect? If YES,	please												
	specify and list any hearing aids worn:												YES	□NO
	10. Have you had either a gain or loss of											Г	YES	□NO
	pounds or more in the past 12 months?													
	11. Do you currently take any medicatio													
	drugs? If YES, what medications or drug												YES	□NO
	you taking, dosage information and for v	what												
	reason: 12. Have you ever suffered from or beer	<b>.</b>	-							—				
	diagnosed with Exercise Induced Asthma											Г	YES	□NO
	If <b>YES</b> , what medication(s)												_ 1 _ J	
	-,		I											L

## C. ALLERGIES: Are you allergic to any of the following items?

Aspirin	□YES	□NO	Penicillin	□YES	□NO	Acetaminophen	□YES	□NO	Bee Stings	□YES	□NO
Codeine	□YES	□NO	Erythromycin	□YES	□NO	Novocain or other anesthetics	□YES	□NO	lodine	□YES	□NO
Sulfa Drugs	□YES	□NO	Ibuprofen	□YES	□NO	Tetnus antitoxin or serums	□YES	□NO	Latex	□YES	□NO
Are you allerg those allergie		other d	rug, medications	s, foods, j	olants, in	sects, etc. not listed a	bove? If '	<b>YES</b> , plea	ise list	□YES	□no

## D. GYNECOLOGICAL HISTORY:

## \*\*\*ONLY FEMALES ANSWER THIS SECTION\*\*\*

IN THE PAST 12 MONTHS HAVE YOU HAD ANY OF THE FOLLOWING?

			Years					Years				Years
Absence of	□YES			Me	enstrual	□YES			Scanty	□YES	□NO	
Menstruation				Cra	amps				Flow			
Painful	□YES			Irre	Irregular				Excessive			
Menstruation				Pe	riods	□YES			Flow			
Are currently ta	Pills?	□YES	□NO	lf <b>YES</b> , w	hat type a	are you tak	ing?					

FULL NAME (	PRINT)
-------------	--------

FIRST		

MI

|--|

## E. EATING DISORDERS:

	Use this column to briefly explain YES answers		
1. Diagnosis of anorexia? If <b>YES</b> , when and where?		□YES	□NO
2. Diagnosis of bulimia? If <b>YES</b> , when and where?		□YES	□NO
3. A problem with food bingeing?		□YES	□NO
4. Do you sometimes or often induce vomiting after eating?		□YES	□NO
5. Taken laxatives to lose weight?		□YES	□NO

## F. INJURIES: IN THE PAST YEAR HAVE YOU HAD ANY OF THE FOLLOWING?

LAST

	Use this column to briefly explain YES answers		
1. Fracture, sprain, strain that has limited your athletic participation?		□YES	□NO
2. Chronic injury (ex, Tendonitis) that has limited your athletic participation?		□YES	□NO
3. Visited a health care provider due to a condition that limited your athletic participation?		□YES	□NO
4. Participated in physical therapy?		□YES	□NO
5. Been treated by a chiropractor, massage therapist, or acupuncturist?		□YES	□NO

## G. OTHER:

If you have any additional conditions, problems, or comments that have not been addressed in the above questionnaire, please use the space below to inform us so that we may be able to better serve you with our best medical care.

## **Certification of Accuracy:**

By signing below, I certify that all statements and answers in the above medical history questionnaire are true and complete to the best of my knowledge. I have no abnormality, limitation, or restriction not mentioned in this record. I understand that this information is to help determine my fitness to participate in athletics, and to aid in the treatment and diagnosis of future injuries/illnesses that I may incur while participating in athletics at Community Colleges of Spokane. I further understand that any intentional omission of answers either verbally or in writing may result in disqualification from the community college sports program.

## Authorization to Release Medical Information:

LAST

I authorize the release of this medical information to the college for their use, evaluation and record keeping for this studentathlete's participation in the sports program of the college. I further authorize the release of this medical information when deemed necessary by the college athletic coach, Certified Athletic Trainer or other authorized college official for the purposes of determining my fitness to participate in athletics and to aid in the treatment and diagnosis of future injuries/illnesses that I may incur while participating in athletics at Community Colleges of Spokane.

I authorize any hospital, physician, surgeon, or other duly licensed health care provider to release any medical records, charts or diagnoses related to the treatment and care of this student athlete to Community Colleges of Spokane in the event of any injury or illness which relates to student athlete's eligibility or ability to participate in athletics or any injury or illness which the student athlete may incur while participating in athletics, including training, conditioning, practices, games, and athletic related events. This authorization expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the athletic director at my institution. I understand that a revocation is not effective to the extent action has already been taken in reliance to this authorization.

## **Consent to Medical Care:**

I 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 Certified Athletic Trainer 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-ATHLETE SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE (IF UNDER 18)	DATE

FIRST

MI

Community Colleges of Spokane					
PHYSICAL EDUCATION, ATHLETICS, RECREATION & WELLNESS SPOKANE SASQUATCH SHOME OF THE BIGF	оот				
Spokane Community College = MS 2050       Spokane Falls Community College         1810 N Greene Street = Spokane, WA 99217-5399       3410 W Ft. Wright Drive = Spokane, W         509-533-7230 Office = 509-533-8609 Fax = www.scc.spokane.edu       509-533-3630 Office = 509-533-4102 Fax = y	■ MS 3070 NA 99224-5288				
ATHLETE'S INSURANCE INFORMATION FORM This form MUST be filled out and returned to your coach or the college Athletic Office before participation in ANY athletic a All information MUST BE COMPLETED. PLEASE PRINT CLEARLY.	ictivity is permitted.				
FULL NAME (PRINT)	MI				
SSN #         -         -         SID #         -           SCHOOL YEAR	-				
MONTH/DAY/YEAR					
	MAN SOPHOMORE				
	710				
CITY STATE					
CELL PHONE HOME PHONE					
PARENT/GUARDIAN'S INFORMATION					
PARENT/GUARDIAN'S NAME PHONE					
ADDRESS					
CITY STATE					
EMPLOYER NAME   EMPLOYER PHONE					
E-MAIL					
DO YOU HAVE INSURANCE COVERAGE? IVES INO					
	* *				
* * * ATTACH A COPY OF YOUR INSURANCE CARD FRONT AND BACK * This is REQUIRED prior to participation even if you have provided it in previous year					
PRIMARY INSURANCE					
INSURANCE COMPANY NAME PHONE					
CITY STATE	ZIP				
The school athletic insurance policy is excess coverage to any other payable insurance plan. Any cost for medical expenses incurred as while participating in the school athletic program will be reduced by the amount collectable from any other insurance plan. If no existi effect, payments will be made according to the schedule of benefits of the athletic accident policy. Primary insurance includes persona parental insurance. If, for any reason, the student's primary insurance does not cover your charges in full or denies your claim, <b>YOU AI BALANCE.</b>	ng primary insurance is in I insurance and coverage under				
I hereby authorize any hospital, trust fund, employer, insurance company, health care provider, or other person who has attended me or any dependent to disclose any and all information with respect to any illness or injury, medical history, consultation, prescriptions, treatment, and provide copies of all hospital or medical records when requested to do so by the Athletic Insurance Company.					
This authorization expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the athletic director at my institution. I understand that a revocation is not effective to the extent action has already been taken in reliance to this authorization.					
STUDENT-ATHLETE SIGNATURE	DATE				
PARENT/GUARDIAN SIGNATURE (IF UNDER 18)	DATE				

AG Approved June 2013; Rev June 2017

Con	nmunity Colleges of S	pokane		
PHYSICAL EDUCATION, ATHLETICS, RECREATION & WELLNESS SPOKANE SASQUATCH HOME OF THE BIGFOOT				
Spokane Community College = MS 2050 1810 N Greene Street = Spokane, WA 99217-5399 509-533-7230 Office = 509-533-8609 Fax = <u>www.scc.spokane.edu</u>	ÿ	Spokane Falls Community College ■ MS 3070 3410 W Ft. Wright Drive ■ Spokane, WA 99224-5288 509-533-3630 Office ■ 509-533-4102 Fax ■ <u>www.spokanefalls.edu</u>		
	0			

## STUDENT-ATHLETE AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

FULL NAME (PRINT)			SID#		-		-		٦
	LAST	FIRST	MI						

I hereby authorize **Community Colleges of Spokane** and its physicians, athletic trainers and health care personnel to disclose my protected health information including, without limitation, any information regarding any injury, illness, treatment or participation related to or affecting my training for and participation in intercollegiate athletics to the **Athletic Director, Associate/Assistant Athletic Directors, Athletic Training Staff and related health care providers (MD specialists, therapists, etc.), Coaches, Sports Information Director, and local media for the purposes of:** 

- Decision making about and plan for my care and/or treatment
- Referral, consultation and coordination of with other health care providers for my care and treatment
- Determination of my eligibility for health insurance benefits or coverage
- Releasing information to the media when a condition or injury affects my ability to participate
- Performance of office or administrative functions that support the athletic training department's effort to provide me with effective health care
- Facilitation of any other reason permitted by law
- Promotion of Community Colleges of Spokane athletics

I am making this authorization/consent voluntarily to release my health information otherwise protected by federal regulations under either the Health Information Portability and Accountability Act (HIPPA), Chapter 70.02 RCW, or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment). I understand that my signing of this authorization is voluntary and that my institution will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the authorization requested for this disclosure. I also understand that I am not required to sign this authorization in order to be eligible for participation in NCAA or conference athletics.

This authorization expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the athletic director at my institution. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization.

STUDENT-ATHLETE SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE (IF UNDER 18)	DATE



Spokane Community College = MS 2050 1810 N Greene Street = Spokane, WA 99217-5399 509-533-7230 Office = 509-533-8609 Fax = <u>www.scc.spokane.edu</u>

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Spokane Falls Community College = MS 3070 3410 W Ft. Wright Drive = Spokane, WA 99224-5288 509-533-3630 Office = 509-533-4102 Fax = www.spokanefalls.edu

# FERPA CONSENT FORM

I understand that in order to remain eligible to participate in intercollegiate athletics my academic progress will be monitored by my coaches, counselors and my parents and/or guardians.

I also understand that the potential to be recruited to continue athletic competition at another institution will involve the sharing of information with recruiters, coaches and other college officials outside of this institution.

To these ends, I give my written consent for school officials, including college faculty, administration, staff, and student workers at the Community Colleges of Spokane to share my educational records, in oral or written form, with the above listed parties.

FULL NAME (PRINT)	SID#	
STUDENT-ATHLETE SIGNATURE		DATE

SPORT(S)