

(Office use only)

CCAC NORTH CAMPUS
NJCAA ATHLETIC INFORMATION FORM

PLEASE PRINT CLEARLY

Section 1: Sport (please check)

Bowling Cross Country Golf Ice Hockey Women's Basketball

Today's Date _____ Academic Major _____

Name _____ Student ID# _____

E-mail _____

Address _____

Phone # _____ (home) _____ (work) _____ (cell)

City _____ State _____ Zip _____

Foreign Student? ____yes ____no Country _____

Emergency Contact: Name _____

Emergency Contact: cell# _____ home# _____

Birthdate _____ Age _____ Height _____ Weight _____

High School _____ City/State _____

Date of Graduation (mo. & yr.) _____ GED? ____yes ____no year received

Date of Initial College Enrollment (mo. & yr.) _____

Colleges attended other than CCAC North: (Use additional sheet if necessary)

_____ From _____ To _____

_____ From _____ To _____

Section 2: FOR HOCKEY PLAYERS ONLY (all others skip to Section 3)

Position Played _____ How many years of *organized* hockey have you played? _____

Team _____

Section 3

If you did not attend college **immediately** upon high school graduation, or if your academic career has interruptions, please list all jobs, unemployment, or educational institutions attended. Give dates (month and year you started and finished), places of employment or whereabouts during period of time in question. Be as precise as possible and sequential with information--starting with high school graduation. Use **additional sheet if necessary. (This is very important-be accurate).**

What sports have you competed in at any college, including CCAC? _____

_____ at _____

_____ at _____

If your current physical status is less than excellent, please explain any past injuries and list the dates and doctor's name(s) below.

Section 4: STUDENT AFFIRMATION AND RELEASES

I desire to take part in a student activities program offered by the Community College of Allegheny County (the "College") and hereby affirm that I have been advised and thoroughly informed of the dangers and risks involved in my participation in the activity. I understand that a medical physical is required for me to participate in any intercollegiate sport. By signing this "Affirmation and Release," I certify that I am cognizant of the risks and dangers that may occur during my participation.

I understand and agree that neither the College, located in Allegheny County, Commonwealth of Pennsylvania, nor any employee or agent of the College may be held liable in any way for any occurrence in connection with this program which may result in harm, injury, death, or other damage to me, my family, estate, heirs, or assigns

In consideration of being permitted to participate in this program, I hereby personally assume all risk in connection with the program for any harm, injury, death, or other damage which may befall me while I am participating in the program, including all risks connected therewith, whether foreseen or unforeseen; and further, to save and hold harmless the College and its employees and agents from any claim by me or my family, estate, heirs, or assigns arising out of my participating in this activity. I understand that ICE HOCKEY AND IN-LINE HOCKEY ARE NOT COVERED UNDER THE COLLEGE'S SPORTS INSURANCE PLAN.

I further affirm that I am of lawful age and legally competent to sign this "Affirmation and Release," or that I have acquired from my parent(s) or guardian(s) his/her/their written consent, a copy of which is attached hereto. I understand the terms herein are contractual and not a mere recital, and that I have signed this document of my own free will. I also verify that I have read and am aware of the Student Code of Conduct (contained in the Student Handbook) and will abide by such rules, as well as all of the coach's rules and regulations.

Student's signature gives the College permission to release transcripts to any organizations requiring them (Family Educational Rights and Privacy Act of 1974 (FERPA), and to release their name and QPA for academic honors. It also verifies that all information on this form is correct and complete.

Student's signature also gives the Community College of Allegheny County, and those acting under its permission or upon its authority, the right and permission to use photographic reproductions or likenesses taken for the purpose of advancing the College.

This authorization and release covers the use of said material in any published form and any medium of advertising or publicity for an unlimited period of time.

This agreement represents in full all the terms and considerations and no other documents, statements or promises have been made to me nor have I been offered or accepted any remuneration for my voluntary participation.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THESE "AFFIRMATION AND RELEASES," BY READING IT BEFORE SIGNING.

SIGNATURE

DATE