

Rogue Community College Athletics



RCC OSPREYS

2019-20 Returning Athlete Packet



www.roguecc.edu/athletics
ospreys@roguecc.edu



Rogue Community College

Athletic Department

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You only need to print, complete and return pages 4, 5, 12, 13, 14, 15 and 16 of this packet.

The following items must be completed and returned by **July 22, 2019****:**

- _____ Each **bold** item in the Table of Contents (page 2, 3, 10, 11-14, 16-21)
- _____ A copy of your immunization record documenting two doses of Measles, Mumps and Rubella (MMR)
- _____ A copy of the front and back of the card for any insurance coverage you have

You are not cleared to participate in practice or team sports until ALL athletic forms are complete and the Athletic Department has cleared you. You are not necessarily ELIGIBLE to participate until full eligibility has been verified. See the Athletic Department if you have eligibility questions.

Failure to return your completed forms before July 22 may mean you are not eligible to participate in practices beginning August 1. You will be ineligible to practice until all forms are submitted and reviewed.

Return your forms:

Scan and email to: jjones@rogucecc.edu

Mail to:

**Rogue Community College Athletic Department RVC-G127
3345 Redwood Hwy
Grants Pass, Oregon 97527**

Fax to:

Jessica Jones at (541) 245-7976

Special Instructions

Page 5 – Must be fully completed.

*You must mark one of the boxes at the bottom of the page.

*Must be signed by the insurance policy holder if other than yourself.

Pages 6-12

*Carefully review pages 4-9 carefully before signing the acknowledgements on Page 12.

Pages 18-23

*We recommend waiting until after July 1 to have your physical based on NWAC Regulations

If you need clarification or have questions about the information in this packet please call Jessica Jones at 541.245.7710 or contact her at jjones@rogucecc.edu .



Rogue Community College Athletic Department

Basic Information Form 2019-20

Legal Name: _____ RCC ID: _____

Date of Birth: _____ Age: _____

Sport(s): _____

Colleges previously attended (list all): _____

** You **must** request that an official transcript from EACH college attended be sent to:

Rogue Community College
Attn: Rogue Central/Transcripts
3345 Redwood Hwy
Grants Pass, OR 97527

Other names: _____

Home address: _____

City/State: _____ Zip: _____

Local address (if different): _____

City/State: _____ Zip: _____

Email address: _____ Cell Phone: _____

High School: _____ City & State: _____

High School Grad Date: _____ International Student Yes No

Athletic Department Use Only:

Season of Eligibility 1 2

Athletic Transfer Yes No If yes, NWAC Member Yes No

Official Transcripts Needed? Yes No If yes, date received: _____

First Quarter of Participation: _____

Red Shirt Season Yes No

1st Quarter Freshman Yes No

Credits earned last quarter: _____ (10+ Rule)

Credits enrolled current term: _____ (in season, 12+ Rule)

Credits earned since 1st quarter of participation: _____ (36+ Rule)

2nd year Cumulative Grade Point Average (GPA): _____

Petitions? _____

Out of Area Disclaimer Sent? _____

Tracer Reports required? Yes No If yes, from: _____



ROGUE COMMUNITY COLLEGE
Student-Athlete Information Form
Emergency Contact/Insurance Information

Sport(s): Men's Soccer
 Volleyball
 Women's Soccer

Athlete Name: _____
 Parent 1/Guardian: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Home Phone: (____) _____
 Work Phone: (____) _____ Cell: (____) _____

Gender: Male Female
 Parent 2/Guardian: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Home Phone: (____) _____
 Work Phone: (____) _____ Cell: (____) _____

In case of emergency, contact:
 Name: _____

Telephone: _____

****PARENT(S): IS STUDENT-ATHLETE COVERED UNDER YOUR MEDICAL INSURANCE POLICY? YES NO If yes, complete the following:**

****STUDENT-ATHLETE: IF YOU CARRY YOUR OWN MEDICAL INSURANCE COVERAGE, PLEASE COMPLETE BELOW:**

Primary Insurance Company: _____
 Plan: _____ Group #: _____
 Member ID #: _____ HMO PPO
 Subscriber Name: _____
 Insurance Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

Secondary Insurance Company: _____
 Plan: _____ Group #: _____
 Member ID #: _____ HMO PPO
 Subscriber Name: _____
 Insurance Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

*****YOU MUST ATTACH A COPY OF THE FRONT AND BACK SIDE OF YOUR INSURANCE CARD*****

Many insurance companies do not provide medical coverage in areas outside of your home address. It is the responsibility of the student and insurance policy holder of the student to verify **athletic medical coverage** while participating in an athletic program at Rogue Community College (RCC).

- I have contacted my insurance company and have been told that I **DO** have the recommended ATHLETIC coverage for sports at RCC.
- I have not contacted my insurance company OR I do NOT have recommended ATHLETIC coverage for sports at RCC.

To the best of my knowledge, the above information is accurate and complete. In the event of a change, it is the responsibility of the student-athlete to notify their Head Coach.

Failure to provide complete information regarding insurance coverage and previous medical history, whether intentional or otherwise, may result in ineligibility to participate in RCC Athletics. In the event of denial of private insurance company claims, the student athlete is ultimately responsible for all medical expenses.

Student Athlete Signature: _____ Date: _____

Policy Holder Signature: _____ Date: _____



Rogue Community College Athletic Department

FERPA and Authorization to Release

1. I acknowledge and give permission for my Coach, the Director of Athletics, and Athletic Department Staff to keep in correspondence with all of my instructors at Rogue Community College in regard to my progress in classes and grades, by term, for the specific year(s) referenced on the signature page.
2. I acknowledge and give permission to the Athletic Department of Rogue Community College to report to the NWAC League Office in Vancouver, WA income I have received from Athletic Talent Grants, Federal Financial Aid, Work Study, and any Athletic or Institutional campus earnings for the specific year(s) referenced on the signature page.
3. I authorize Rogue Community College to use the following identifiable information for the purpose of educational or athletic publications, promotional advertising, and/or other materials or presentations:
 - Photographs, images, or likeness
 - Information you provide in interviews or recordings
 - Information related to your program of study, major or degree completion
 - Your name

*Students' likeness or other information may be used in print ads such as billboards, all news media, magazines, websites, social media, college catalog or schedule, and in promotional videos that may be broadcast on television and/or Internet.
4. I authorize Rogue Community College to give my contact information to news media for interviews, filming or photographs.
5. I acknowledge and give permission for my coach, the Director of Athletics, and department staff to discuss my academic progress and contact information with college recruiters and professional scouts.



Rogue Community College

Athletic Department

Authorization for the use and/or Disclosure of Student Athlete Health Information (HIPPA)

I authorize the use and/or disclosure of my health information as provided for below:

- This authorization applies to all health information about me that is now (or, during the period covered by this authorization, may be) in the possession, custody or control of the persons or entities (or classes of persons or entities) identified in Paragraph 2 below. As used in this authorization, "health information" means my entire health or medical record, including, but not limited to, all information relating to any injury, sickness, disease, condition, medical history, medical or clinical status, diagnosis, treatment or prognosis, and includes (without limitation) clinical notes, test results, laboratory reports, x-rays and diagnosis imaging results.
- I authorize the following persons and entities (or classes of persons and entities) to use and/or disclose (to the individuals specified in paragraph 3 below) any of the health information about me that is (or, during the period covered by authorization, may be) in their possession, custody, or control for the purposes described in paragraph 3 below and athletic department personnel with whom I have consulted.
- I authorize the persons and entities (or classes of persons and entities) described in Paragraph 2 to disclose any of the health information about me that is (or, during the period covered by this authorization, may be) in their possession, custody, or control, for any purpose relating to athletics at Rogue Community College, all health care providers including but not limited to physicians, laboratories, clinics, Athletic Trainers seen with relationship to any illness or injury for the life of this authorization.
- I acknowledge that there exists the potential that information disclosed pursuant to this authorization might be subject to re-disclosure by the recipient and thus no longer be protected by HIPAA in certain circumstances.
- I understand that I have the right to revoke this authorization at any time, but that my revocation will not be effective to the extent that any of the persons or entities (or classes of persons or entities) I have authorized to use and/or disclose my health information have acted in reliance upon this authorization. My revocation must be in writing and be sent to the Administrative Services at Rogue Community College. I further understand that my right to revoke this authorization shall not serve to excuse any failure on my part to comply with the policies and procedures related to athletic injuries as a participant on a sports team and Rogue Oregon Community College.
- I further understand that by choosing to revoke this authorization, I may be ruled ineligible to continue participation in Rogue Community College athletics.
- This authorization expires one year from the date it is signed, unless previously revoked.



Rogue Community College Athletic Department

Hazards and Risks

Informed acknowledgement of hazards and risks connected with participation in athletics

Warning:

- Participation in any athletic activity can 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, bone fractures and dislocations to catastrophic injury, such as paralysis or 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.
- Athletics are competitive team and individual sports. Athletics involve the RISKS OF SERIOUS INJURY OR DEATH. Injuries in sports 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.
- The risks of injury in sport 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 reproductive organs is also possible. Such injuries may cause temporary or permanent disability.
- Fatalities in athletics typically are caused by direct blows to the chest or from head and neck injuries caused by being hit with flying objects or by colliding with other players or stationary objects.
- Pre-existing medical conditions, including illness, disease, and prior injuries can be aggravated or cause other injuries while engaged in athletics. 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.
- Athletic 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 either other participants, the playing surface, training equipment, and other solid, objects in and around the playing area. Injury can result from the improper fit of equipment, from defective or worn out equipment, and from otherwise and/or failing to use 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. Injury may result from the use of playing techniques taught or from teaching methods employed by the coaches of this community college. The use of transportation provided or arranged by the college to and from athletic contests 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 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 ACKNOWLEDGMENT OF HAZARDS AND RISKS CONNECTED WITH PARTICIPATION IN ATHLETICS. 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 to 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 athletic program.

Please read carefully and be sure you understand before you sign. If you have questions or concerns, contact Darren Van Lehn, Athletic Director, at 541-245-7770 before signing.



Rogue Community College

Athletic Department

Student Athlete Injury Policy

In accordance with Rogue Community College (RCC) Administrative policies, a student athlete must maintain primary medical insurance coverage for the duration of his or her participation in RCC athletics. This includes maintaining coverage when mandatory classes for team participation are being attended/off season classes. If injured, a student athlete must maintain coverage until he or she has fully recovered.

Important considerations:

- All athletic injuries, occurring on- or off- campus, must be reported immediately to the coach and Athletic Director.
- An Incident Report must be filed by the athlete's coach the day of the injury.
(Forms are available online at [https://roguenet.roguecc.edu/IncidentReport/.](https://roguenet.roguecc.edu/IncidentReport/))
- Primary insurance information will be verified each time an Incident Report is completed for a student athlete.
- During treatment, until a physician's written clearance is obtained, the student athlete will maintain regular communication with the head coach.

The student athlete is responsible for:

- All medical expenses including ineligible charges
- All coordination of benefits with private insurance carriers
- Reporting any change of address, telephone number, or insurance information.
(Do so within 14 days of the change)

A Failure to disclose information about primary or other relevant insurance coverage when filing an Incident Report is insurance fraud. In the event of fraud, RCC may revoke participation.



Rogue Community College Athletic Department

Eligibility Regulations

I am fully aware of the eligibility regulations which govern my participation in intercollegiate athletics. The specific regulations are as follows:

- Student athlete must be regularly enrolled in at least **12 hours** of college work per term and maintain a **2.0 cGPA** or better. Nine (**9**) of these hours must be academic units. If a freshman eligible student-athlete does not meet any of the above mentioned eligibility requirements, they will be put on academic probation. They must meet with their coach to develop a plan of improvement that must be approved by the Director of Athletics. This plan may include, but is not limited to: weekly attendance checks, weekly grade checks, tutoring sessions, meeting with Athletic Advisor, meeting with Director of Athletics and non-participation in contests.
- To participate in any second season of a sport, you must have earned a minimum of **36 credits** and maintained a **cumulative 2.0 GPA** during any term of participation. You must also have passed a minimum of 10 credit hours the previous term to maintain eligibility. Anyone not meeting the above mentioned requirements may lose their eligibility. Student-athlete must meet with their coach to develop a plan of improvement that must be approved by the Director of Athletics. This plan may include, but is not limited to: weekly attendance checks, weekly grade checks, tutoring sessions, meeting with the Athletic Advisor, meeting with Director of Athletics and non-participation in contests.
- Must be officially registered for classes 20 days prior to the start of the term for which your sport competes.
- Must have a current medical examination and proof of measles immunization on file at Rogue Community College. "Current" is defined as any time **after July 1** of the year prior to competition.
- Transcripts of all previous college work must be on file at Rogue Community College.
- Any information falsely given or concealed pertinent to my eligibility will make me ineligible for further competition and will cause my college to forfeit any contest in which I played or points earned as an individual.

Code of Conduct:

As a member of Rogue Community College Athletics I will be a positive representative of the college. I will conduct myself in an appropriate way and be a leader in the community. I understand that when I am participating in Rogue Community College events I am representing the college. I will abide by all rules, laws and regulations that I am accountable to. When traveling I will treat the opposing team and accommodations with the same respect I would expect from them.

Substance Abuse:

I will refrain from any use of drugs or alcohol during the season.

I understand that any use of drugs or alcohol is justification for expulsion from the team. I understand that the use of chemical substances will alter my performance as an athlete thus affecting myself, my team and the college.

Conditional Responsibilities:

As a member of Rogue Community College Athletics I understand I will be responsible to partake in fundraising events. I will assist by giving my time and resources above and beyond training and games. I understand these activities will be expected of me in and out of the regular season. Without my help I know this program would not be possible.



Rogue Community College Athletic Department

Athlete Concussion Information Sheet

Reformatted from the Center for Disease Control's Head's Up Concussion Program.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

SIGNS AND SYMPTOMS	Signs Observed by Others	Symptoms Reported by Athletes
Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion listed after a bump, blow, or jolt to the head or body, s/he must be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom free and it's OK to return to play.	<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Mood, behavior, or personality changes • Can't recall events <i>prior</i> to hit or fall • Can't recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> • Headaches or "pressure" in the head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to noise or light • Feeling sluggish, hazy, foggy or groggy • Concentration or memory problems • Confusion • Just not "feeling right"

CONCUSSION DANGER SIGNS In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- Slurred Speech
- Becomes increasingly confused, restless, or agitated
- Weakness, numbness, or decreased coordination
- A headache that not only does not diminish, but gets worse
- Loses consciousness (even a brief loss of consciousness should be taken seriously)
- Convulsions or seizures
- Cannot recognize people or places
- Has unusual behavior
- Repeated vomiting or nausea

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

- If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing s/he is much more likely to have another Concussion.
- Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

- If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the Injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom free and it's OK to return to play.
- Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

ATHLETE ACKNOWLEDGEMENT The athlete agrees that if it appears they have sustained a concussion or head injury, they will be removed from any program activity until such time that a trained medical professional can examine them and approve their return to play in the activity pursuant to Oregon Statutes 336.485 and 417.875 relating to concussions and other head injuries. In such case, the athlete will have to provide a **written clearance from a trained medical professional** to return to play.



Rogue Community College Athletic Department

2019-20 Signature Page

By my initials and signatures, I acknowledge that I have read, understand, and agree to the policies, procedures, rules, and responsibilities as defined in the 2019-20 Rogue Community College Athlete Packet I received.

This includes information I reviewed in the following areas. Please initial each box indicating you have read/reviewed the information.

FERPA - I certify that I have read, understand, and agree to the AUTHORIZATION of FERPA INFORMATION.

HIPPA – I have read the Authorization for the use and/or Disclosure of Rogue Community College Student Athlete Health Information and fully understand and agree.

HAZARDS & RISKS - I have read the ACKNOWLEDGMENT OF HAZARDS & RISKS which is incorporated here by reference, and I understand that athletics are 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 athletic 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. FURTHERMORE, BY SIGNING THIS ACKNOWLEDGMENT OF HAZARDS AND RISKS, I ACKNOWLEDGE THAT I HAVE READ 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 INTERCOLLEGIATE ATHLETIC PROGRAM AT THIS COMMUNITY COLLEGE.

ACKNOWLEDGEMENT OF STUDENT ATHLETE INJURY POLICY – I have read and understand Rogue Community College’s Student Athlete Injury Policy. I hereby assume all responsibility of medical bills related to my participation in Rogue Community College Athletics. Rogue Community College is NOT responsible for any of my medical bills.

ELIGIBILITY REGULATIONS – I certify that I have read, understand, and agree to abide by all of the Eligibility Regulations and Code of Conduct Rules. I further certify that if I have not understood and information contained in the document, I have sought and received an explanation of the information prior to initialing/signing.

CONCUSSION INFORMATION SHEET – I accept responsibility for reporting all injuries and illnesses to my athletic trainer or coaches associated with my sport including any signs and symptoms of CONCUSSIONS. I have read and understand the information provided on CONCUSSIONS. I will inform the supervising coach, athletic trainer, or team physician immediately if I experience any of the symptoms or witness a teammate with any of the symptoms described.

NOTE: If you have questions about any of the material you have read, please call Darren Van Lehn at 541.245.7770 to get clarification before initialing/signing.

Name _____ Sport _____

Signature _____ Date _____

Parent/Guardian Signature (if student/athlete is under age 18)

_____ Date _____



Off-Campus Field Trip/Sponsored Events STUDENT TRAVEL PARTICIPATION AGREEMENT

Page 1 of 2

Because college-sponsored student travel is a privilege, this agreement was developed to clarify the roles and responsibilities of all students traveling to attend Rogue Community College field trips or co-curricular events.

Please review this form, complete all sections (Participation Agreement, Emergency Information) and return it with your signed "Field Trip, Off-Site Training and Club Events Agreements and Release Form" to your event sponsor.

As a College-sponsored activity, participating individuals are required to abide by the policies and procedures established by the Student Code of Conduct as well as by the Governing Board of the Rogue Community College. Participants are also required to follow the policies and procedures set forth by the college and/or the organization hosting the event.

Travel costs (transportation, per diem for meals, lodging, and registration) are available as agreed upon in the travel proposal. Participants are further responsible for all incidental expenses.

Rights and Responsibilities

Students have the.....

- **Right** to become better acquainted with members of your own college
- **Right** to "network" with other event participants
- **Right** to enjoy the personal and professional opportunities offered at the off-campus event
- **Right** to have the respect of peers and advisors
- **Right** to seek and secure support of peers and advisors
- **Right** to expect advisors to adhere to the same responsibilities expected of students

Students have the.....

- **Responsibility** to respect others, including lodging roommates, hotel/lodging staff and property
- **Responsibility** to attend, on time, all workshops, classes, seminars, etc. available at the event
- **Responsibility** to wear appropriate attire for each activity as adopted/suggested by the event sponsor
- **Responsibility** to follow all College, conference sponsor, hotel/lodging, state, and federal regulations/laws
- **Responsibility** to stay on site during the event (unless other arrangements have been made and approved by the event sponsor).
- **Responsibility** to reside/sleep in overnight accommodations assigned to you
- **Responsibility** to take reasonable precautions to ensure safety of self and others
- **Responsibility** to smoke only in designated smoking areas
- **Responsibility** to abstain from possession and/or consumption of any type of intoxicants between event departure and return times, and to remove yourself from the company of anyone indulging in intoxicants.
- **Responsibility** to understand and abide by all provisions of the RCC Student Code of Conduct

I have read this agreement and will act in an appropriate manner for the duration of this event. If I have a question, concern or problem, I will locate my event sponsor for immediate assistance.

Student Signature or Signature of Parent or Legal Guardian (if student is under 18)	Date	Student ID#
Student Name (please print)	Various locations - practice , training, scheduled scrimmages and games Travel Destination	
Event Sponsor Signature	RCC Athletic Team - Men's Soccer, Women's Soccer or Volleyball Student Organization/Activity/Class	



Off-Campus Field Trip/Sponsored Events
STUDENT TRAVEL PARTICIPATION AGREEMENT

Page 2 of 2

EMERGENCY INFORMATION

Student's Name Last First Middle Initial Student ID#

- Please provide your contact information so that the Event Sponsor can get in touch with you prior to or during the event:

Cell Phone Number Home Phone Number Address

- Please list any medical conditions (ie. allergies, diabetes, epilepsy, etc.) that your event sponsor or a medical provider should be aware of:

- Please list any dietary restrictions or food allergies:

- Medications currently taking

- Are you currently insured, if so with whom? Carrier's name Group# and Member ID # (We recommend that you carry a copy of your insurance card with you when you travel)

- Please provide the name and phone number of someone we may contact in case of emergency:

Name Day Phone Evening Phone

I understand that in the case of a medical emergency this information may be shared with medical personnel. I consent to emergency medical treatment in the event the College or I deem such treatment is required.

Signature of student (or signature of parent/legal guardian if under age 18) Date

(This form is to be in possession of event sponsor on all College trips)



FIELD TRIP, OFF-SITE TRAINING AND CLUB EVENTS AGREEMENT AND RELEASE FORM

Assumption of Risk

Participant understands and agrees that participation in intramural sports, certain club events and field trips may involve foreseeable and unforeseeable risks and hazardous activity which may be dangerous and may involve the risk of severe injury, and/or death, and/or property damage to Participant or bystanders. Participant hereby releases RCC, and its agents, from any and all liability for injury, damage and/or loss, including but not limited to death, to Participant or third parties or property which may result from Participant's voluntary participation in club activities, or recreational field trips, intramural sporting events, or off-site training or education, or such other voluntary activities, **including but not limited to any such injury, damage or loss that may arise as a result of the negligence of RCC.** Participant, or parent/guardian freely and voluntarily authorizes participation in the below mentioned activities with knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury, death, or other damage or loss.

Participant understands that Participant is responsible for exercising caution and common sense at all times to avoid injury. Participant understands that RCC and any off-campus training or educational facility are not responsible for any injury, damage and/or loss whatsoever suffered by Participant during periods of personal time (which Participant understands is any time period unsupervised by RCC supervising staff), **including but not limited to any such loss, damage or injury that may arise as a result of the negligence of RCC.** Participant certifies that Participant is in good health and has no physical condition that would prevent participation in the below named activities. Participant's personal medical insurance shall serve as primary medical coverage if accident or injury occurs. Participant consents to emergency medical treatment for Participant in the event such treatment is required.

Rules of Participation

Participant agrees to comply with RCC's rules, standards and instructions for student behavior. Participant agrees that RCC shall have the right to enforce appropriate standards of conduct, and that it may at any time terminate participation in the RCC program, field trip, or activity for failure to maintain these standards or for any activity or conduct which the RCC considers to be incompatible with the interest, harmony, comfort, and welfare of other students/participants. If participation is terminated, Participant consents to being sent home at Participant's own (or Participant's parents') expense with no refund of fees (if applicable).

Participant understands that Participant must abide by all RCC policies as published in the Student Catalog. According to the Student Catalog:

"The unlawful possession, use, manufacture, or distribution of controlled substances is prohibited at RCC. The use or possession of alcoholic beverages at the college or at any college-sponsored event also is prohibited. Anyone under the influence of alcohol or controlled substances may be removed, dismissed, or suspended from college functions, classes, activities, or responsibilities."

Participant understands that this section in the Student Catalog applies to all students and guests participating in field trips, club events, and all off-campus training or education, as well as on-campus events.

Participant agrees that photographs, pictures, slides, movies, video, audio or other media coverage of Participant may be taken during the activity without compensation by RCC, and Participant hereby consents to the use of such material by RCC and its agents for any legal purpose.

Release of Claims

All references in this Agreement and Release to the RCC and its agents shall include the Rogue Community College District, its officers, directors, staff members, campus directors, counselors, group leaders, employees, agents, and

Approved by E-Team 5/18/09

