



# **Camden County College**



**COUGAR**

**ATHLETICS**

**Student-Athlete Packet**



**If you plan on participating on an intercollegiate athletic team at Camden County College, here are some of the items you will need in order to try-out and prior to practicing with your respective team:**

- \_\_\_\_\_ Contact the Head Coach of your respective sport to be sure that he/she knows you plan on trying out
- \_\_\_\_\_ You must be enrolled in at least 12 credits (full-time), and remain enrolled in 12 credits during each semester (\* other eligibility rules apply – please see the Athletic Director).
- \_\_\_\_\_ Official High School Transcript
- \_\_\_\_\_ Official Transcripts from other colleges you have attended (if applicable)
- \_\_\_\_\_ An athletic physical approved by your family physician with stamp
- \_\_\_\_\_ Ability to fill in all gaps between your high school graduation date and the current semester (*if applicable*)
- \_\_\_\_\_ Copy of your course schedule and business office tuition bill
- \_\_\_\_\_ NJ CAA Eligibility Affidavit (see pg. 5)
- \_\_\_\_\_ International Students must meet with Athletic Director and have High School Transcript in English, Passport, Visa

**For more information, please contact the Athletic Office at 856-227-7200 x4287**

All student-athletes must read the Athletic Packet distributed by the Department of Athletics in Papiano Gymnasium and complete the following forms **prior** to practicing with their respective teams:

- \_\_\_\_\_ NJ CAA Eligibility Affidavit
- \_\_\_\_\_ Student-Athlete Statement
- \_\_\_\_\_ Eligibility Statement
- \_\_\_\_\_ NJCAA Amateurism Questionnaire
- \_\_\_\_\_ Buckley Amendment Consent
- \_\_\_\_\_ Athletic Medical History & Physical Exam Record
- \_\_\_\_\_ Acknowledgement of Insurance Requirements
- \_\_\_\_\_ Medical Insurance Authorization
- \_\_\_\_\_ Tetanus Vaccine Immunization
- \_\_\_\_\_ Photography Release
- \_\_\_\_\_ Sports Information Questionnaire
- \_\_\_\_\_ Code of Conduct



Physical Date: \_\_\_\_\_  
 Athl. Elig. Yr: \_\_\_\_\_  
 STAFF ONLY

## NJCAA Eligibility Affidavit

*Information on this form will be used to determine eligibility for participation on a NJCAA Athletic Team.*

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Today's date \_\_\_\_\_ Sport: \_\_\_\_\_ CCC ID # \_\_\_\_\_  
 Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Home address: \_\_\_\_\_ email address \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

### High School Education

Did you attend more than one High School? **YES NO**

Name of High School(s) you have attended. Include City, State and Country

9<sup>th</sup> \_\_\_\_\_  
 10<sup>th</sup> \_\_\_\_\_  
 11<sup>th</sup> \_\_\_\_\_  
 12<sup>th</sup> \_\_\_\_\_

- What High School did you graduate from \_\_\_\_\_
  - (enclose a copy of **diploma** and **transcript**) Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Did you earn a GED? Yes \_\_\_ No \_\_\_ GED date earned \_\_\_\_/\_\_\_\_/\_\_\_\_
  - (enclose a GED certificate with test scores)
- Were you home schooled? **Yes No** Did you graduate? **Yes No**
  - (enclose a copy of diploma and all other pertinent information)

**\*\*\*\*\* If you have not attended a US High School for your last 3 years, please submit a High School diploma and proof of age. (birth certificate, passport or driver's license.)**

### Additional Education while in High School

Did you take any college credit classes while in High School? Yes\* \_\_\_ No \_\_\_

\* If yes, please list college(s) \_\_\_\_\_

(You MUST provide a transcript(s) from each college to the Athletic Director at Camden County College)

### Athletic Participation While in High School

Freshman, Junior Varsity, Varsity

Year(s)	Name of School	Level of Play

**I understand that falsified or omitted information can make me ineligible for ALL future College competition in compliance with National Junior College Athletic Association Eligibility Rules**

**Student/Athlete Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



### College Education & Athletic Participation

**College/University Education** All full-time and part-time enrollment must be listed  
(You MUST provide a transcript(s) from each college to the Athletic Director at Camden County College)

- College: \_\_\_\_\_ Dates: \_\_\_\_\_ F/T or P/T
- College: \_\_\_\_\_ Dates: \_\_\_\_\_ F/T or P/T
- College: \_\_\_\_\_ Dates: \_\_\_\_\_ F/T or P/T

1. Have you ever signed a **Letter of Intent Form** with any college/university? **Yes** \_\_\_ **No** \_\_\_  
If yes, specify the college/university \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_
2. Have you ever participated in practices, scrimmages, and or games for college/university team other than this College?  
**Yes** \_\_\_ **No** \_\_\_ If Yes, School \_\_\_\_\_ Sport \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
describe the situation \_\_\_\_\_
3. Have you ever been **red-shirted** for a season? **Yes** \_\_\_ **No** \_\_\_  
If yes, list dates of that season, name of college/university and describe the situation.  
\_\_\_\_\_  
\_\_\_\_\_
4. Have you ever played on a club team at a college or university? **NO** \_\_\_ **Yes** name the school, \_\_\_\_\_  
\_\_\_\_\_

### Recruiting Information

5. How did you learn about this institution? \_\_\_\_\_
6. Who contacted you (e.g., by email, letters, telephone calls, in-person visits, etc.) and encouraged you to attend this institution? \_\_\_\_\_
7. Please list all official visits taken.  
\_\_\_\_\_  
\_\_\_\_\_
8. Did you or someone on your behalf ever utilize a recruiting service or another individual to assist you in finding this institution or assist you in obtaining an athletic scholarship? **Yes** \_\_\_ **No** \_\_\_ **I do not know** \_\_\_  
If yes, who assisted you and explain \_\_\_\_\_  
\_\_\_\_\_

**Additional Clarifications:** If you were not attending college full time following HS graduation, itemize this period of time from your **graduation to the present time**. This should **include** employment, military history and other activities. This is a requirement of the NJCAA. Please include months and years when referring to dates.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that falsified or omitted information can make me ineligible for ALL future college competition in compliance with the National Junior College Athletic Association Eligibility Rules

Student/athlete signature \_\_\_\_\_ date: \_\_\_\_\_  
 Coach Signature \_\_\_\_\_ date: \_\_\_\_\_



## NJCAA RECRUITING AND AMATEURISM QUESTIONNAIRE

Please be advised that this is a questionnaire used in the recruiting process in order to help the institution determine your eligibility under NJCAA eligibility rules. Please be honest with your answers.

### All Athletics Participation: (Excluding High School Participation)

1. **Do you or did you** play on any other sports team (USAV, city recreational leagues, AAU, Soccer leagues, etc.,)?  
**Yes** \_\_\_ **No** \_\_\_

Please provide the name of the team, location and dates of participation

Team Name	Team Contact Information	League Affiliation	Participation Dates	# of contests played	Expenses Received

2. Did you sign any type of agreement to participate on any of the teams you mentioned above? **Yes** \_\_\_ **No** \_\_\_  
 If you answer yes, please indicate for which team and please provide a copy of the agreement.

3. Have you ever participated on a sports team in a country other than the United States? **Yes** \_\_\_ **No** \_\_\_  
 Sport(s) \_\_\_\_\_ Country \_\_\_\_\_ Dates \_\_\_/\_\_\_/\_\_\_  
 Explain the circumstances \_\_\_\_\_

4. Have you ever received money beyond expenses for participating in any athletic event? (Example, a salary, bonus, spending money) **Yes** \_\_\_ (describe the situation) \_\_\_\_\_ **No** \_\_\_

5. Have you ever received directly or indirectly a salary, reimbursement of expenses, or any other form of financial assistance from a professional sports organization based on your athletic skills or participation? **Yes** \_\_\_ **No** \_\_\_

5a. Have you ever accepted any benefits not listed on this form from anyone other than your parents? **Yes** \_\_\_ **No** \_\_\_

6. Have you, your parents or guardians ever accepted any benefits from an agent or anyone associated with an agent? **Yes** \_\_\_ **No** \_\_\_

7. Did you accept a promise of pay to play even if this payment was to be received following completion of intercollegiate athletic participation? **Yes** \_\_\_ **No** \_\_\_

8. Did any member of your team receive money beyond expenses for their participation on any of the teams on which you participated? **Yes** \_\_\_ **No** \_\_\_ **I don't know** \_\_\_  
 if yes please indicate what was received and which team(s) provided the payment to your teammate.  
 \_\_\_\_\_

9. Did any of the teams you participated on call themselves professional?  
**Yes** \_\_\_ If yes, which team(s) \_\_\_\_\_ **No** \_\_\_ **I don't know** \_\_\_

10. Have you ever competed on a professional athletic team, or on a team where any member of the team was considered professional, even if no payment or other compensation for expenses was received? **Yes** \_\_\_ **No** \_\_\_

11. Have you ever entered a professional draft? **Yes** \_\_\_ **No** \_\_\_

12. Have you ever participated in a professional tryout? **Yes** \_\_\_ **No** \_\_\_

13. Have you ever been involved in an advertisement or promotion? **Yes** \_\_\_ **No** \_\_\_



14. Did you have a written or verbal agreement with an agent/agency to represent you while you were participating in Athletics? **Yes**\_\_\_\_ **No**\_\_\_\_

15. Did you ever sign a contract or commitment of any kind to play professional athletics regardless of its legal enforceability or any compensation received? **Yes**\_\_\_\_ (provide a copy of document) **No**\_\_\_\_

16. Have you ever accepted any prize money based on your place finish for your participation in athletics? **Yes**\_\_\_\_ **No**\_\_\_\_  
If yes, please complete the information below.

Team Name	Team Contact Information	League Affiliation	Participation Dates	# of contests played	Expenses Received

**I understand that information falsified or omitted can make me ineligible for ALL future college competition in compliance with the National Junior College Athletic Association Eligibility Rules.**

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Student-Athlete Statement

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**For:** Camden County College Student-Athletes  
**Action:** Sign and return to your Director of Athletics  
**Due Date:** Before you compete each academic year  
**Purpose:** To assist in certifying eligibility  
**Effective Date:** This NJCAA statement/consent form shall be in effect from the date this document is signed and shall remain in effect through August 31<sup>st</sup> of the following year or until a subsequent NJCAA student-athlete statement form is executed, whichever occurs earlier.

Student-Athlete: \_\_\_\_\_  
(Please Print Name) (CCC Student ID Number)

Name of your institution: Camden County College

This form has eight parts: a statement concerning eligibility, a Buckley Amendment consent, sports medicine, physicals, health insurance requirements, a photography release, a sports information questionnaire and a student-athlete code of conduct. You must complete all sections to participate in intercollegiate athletics.

Before you sign this form, you should read and understand the summary of NJCAA regulations provided by your Director of Athletics or read the bylaws of the NJCAA manual that deal with your eligibility. If you have any questions, you should discuss them with your Director of Athletics.

The conditions that you must meet to be eligible to participate at the NJCAA level are indicated in Article V of the NJCAA manual.

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## Part I – Statement Concerning Eligibility

By signing this part of the form, you affirm that, to the best of your knowledge, you are eligible to compete in NJCAA competition.

You affirm that you have read, or been informed of, the NJCAA regulations or relevant sections of the NJCAA manual and that your Director of Athletics (or his or her designee) gave you the opportunity to ask questions about the regulations.

You affirm that participation in athletics at Camden County College requires compliance with all academic eligibility standards in accordance with the national guidelines defined by the NJCAA.

You affirm that you meet the NJCAA regulations for student-athletes regarding eligibility, recruitment, financial aid, amateur status and involvement in organized gambling.

You affirm that you have reported to the Director of Athletics of your institution any violations of NJCAA regulations involving you and your institution.

You affirm that you understand that if you sign this statement falsely or erroneously, you violate NJCAA legislation regarding ethical conduct, and you will further jeopardize your eligibility.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Home Address (Street or PO Box)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Home City, State, Zip Code

Sport(s): \_\_\_\_\_

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## Part II: Buckley Amendment Consent

By signing this form, you certify that you agree to disclose your educational records. These records are protected by the Family Educational Rights and Privacy Act of 1974 and may not be disclosed without your consent.

You give your consent to disclose only to authorized representatives of this institution, its athletic conference and the NJCAA, the following documents:

- This form
- Any transcript from your high school, this institution, or any other college or educational institution you have attended
- Pre-college test scores
- Paperwork and/or documentation pertaining to learning disabilities
- Graduation status
- Your social security number
- Records concerning your financial aid
- Any other papers or information pertaining to your NJCAA eligibility

You agree to disclose these records only to determine your eligibility for intercollegiate athletic competition.

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Name (Please Print)

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Signature of Student-Athlete

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Date

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## **Part III: Sports Medicine**

### **Athletic Insurance**

It is highly recommended that all student-athletes have health insurance.

### **Athletic Physicals**

All Camden County College student-athletes must have an athletic physical each year. All student-athletes are required to have a physical before reporting for the first day of practice and tryouts. The physical form must be submitted to the Department of Athletics for final clearance at least one day before reporting for the first day of practice. Student-athletes are not allowed to practice or compete until a final clearance has been determined by the Athletic Department.

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## Part IV: Acknowledgement of Insurance Requirements

This form must be filled out by the policy holder.

✓ If the policy holder is the student, please complete A.

✓ If the policy holder is a parent, please complete B.

### A – Student has own policy

I, \_\_\_\_\_, attest that I have insurance coverage under a  
(Student-athlete name – please print)  
current, valid, insurance policy for injuries that occur while I am participating in intercollegiate athletics.

If there is a material change in coverage or expiration of coverage, I agree to notify Camden County College of this development and update the insurance information on file. I will assume responsibility for all medical bills should the insurance lapse or be terminated.

I understand and agree that Camden County College will act as a secondary insurance carrier as a result of injuries that occur while participating in intercollegiate athletics at CCC.

\_\_\_\_\_  
Signature of student-athlete

\_\_\_\_\_  
Date

### B- Student-athlete is covered under parent's insurance

I, \_\_\_\_\_, as parent/guardian or legal  
(Name of policy holder – please print)  
representative, attest that \_\_\_\_\_

(Student-athlete's name – please print)  
has insurance coverage under a current, valid, insurance policy for injuries that occur while he/she is participating in intercollegiate athletics.

If there is a material change in coverage or expiration of coverage, I agree to notify Camden County College of this development and update the insurance information on file. I will assume responsibility for all medical bills should the insurance lapse or be terminated.

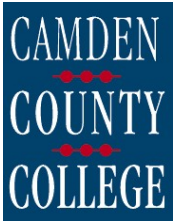
I understand and agree that Camden County College will act as a secondary insurance carrier as a result of injuries that occur while participating in intercollegiate athletics at CCC.

\_\_\_\_\_  
Signature of policy holder

\_\_\_\_\_  
Date

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**Part V: Medical Insurance Authorization**



TO: Parent (s)/ Guardians(s)

Please complete in detail and return to:

CAMDEN COUNTY COLLEGE  
Office of Athletics  
PO Box 200 College Drive  
Blackwood, NJ 08012

Note: Failure to complete all blanks will result in claim processing delays. If any item of requested information is not applicable, please indicate the reason it is not; for example, "deceased", "divorced", "unknown", etc.

I. Name of Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_

CCC Student ID No: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

II. Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

III. Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company or Plan: \_\_\_\_\_ Medical Insurance Company or Plan: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Is the company or plan listed above considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Does your insurance or plan require a second opinion before surgery? YES: \_\_\_\_ NO: \_\_\_\_

Please also complete the "AUTHORIZATION" on the next page.





Tetanus Vaccine Immunization Form

SPORT \_\_\_\_\_ SEASON \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle Initial

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

To participate in Intercollegiate athletics, it is recommended that you have a Tetanus Immunization within the past 10 years.

Complete one of the sections below:

a) PHYSICIAN CERTIFICATION OF TETANUS IMMUNIZATION

I CERTIFY THAT the above-named individual received the Tetanus vaccine on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Td  TDaP

Signed \_\_\_\_\_ License # \_\_\_\_\_

Printed Name \_\_\_\_\_ Tel# \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

b) STUDENT CERTIFICATION OF TETANUS IMMUNIZATION

I am attaching a copy of my immunization record, showing that I received a Tetanus vaccination.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Department of Athletics  
Phone: 856-227-7200 x4287 Fax: 856-374-4890  
P.O. Box 200 College Drive, Blackwood, NJ 08056  
www.camdencc.edu

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## **PART VI: Photography Release**

I hereby give Camden County College and its legal representatives the right and permission to copyright and/or use, reuse and/or publish photographs and/or video of me.

I hereby release, discharge and agree to save harmless CCC, its representatives, assigns, employees or any person or persons, corporation or corporations, acting under its permission or authority, from and against any liability as a result of agreed use of my image.

I hereby warrant that I am 18 years of age or older, and competent to Contract in my own name insofar as the above is concerned.

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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**PART VII: Sports Information Questionnaire**

**Name:** \_\_\_\_\_

**Sport:** \_\_\_\_\_ **Uniform #:** \_\_\_\_\_

**Year:** Freshman or Sophomore (circle one)

**High School:** \_\_\_\_\_

**Previous College (if applicable):** \_\_\_\_\_

**Hometown (City, State, County):** \_\_\_\_\_

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**Major:** \_\_\_\_\_

**Height / Weight:** \_\_\_\_\_ / \_\_\_\_\_

**Baseball / Softball Only –**

**Throw –** Right or Left (circle one)

**Bat -** Right or Left or Switch (circle one)

**Athletic Honors / Awards:** \_\_\_\_\_

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**Primary Contact Information:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_



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## PART VIII: Code of Conduct

A student-athlete at Camden County College represents the college, the coach, the team, the athletic department, and himself/herself. As a student-athlete of this institution your actions resonate sportsmanship, pride, class, and discipline. Unsportsmanlike conduct will not be tolerated while playing intercollegiate athletics at this college.

All men and women competing in the CCC Department of Athletics are student-athletes. Learning in both the classroom and intercollegiate programs is necessary if emotional, social, intellectual and athletic growth is to occur. Each student's college experience ought to culminate in a degree in his or her chosen field of study. The Department of Athletics at CCC has as its goal the graduation of all of our student-athletes as well as pursuing excellence in each sport. Participation in intercollegiate athletics at CCC is a privilege. Consequently, each student-athlete is expected to comply with all the guidelines and policies of CCC, the Region XIX, and the NJCAA. In addition, the following standards must be observed:

1. Student-athletes shall perform to the best of their abilities both academically and athletically.
2. Student-athletes shall contribute their best effort to the success of the team.
3. Student-athletes shall conduct themselves, both on and off the field, in a way which brings credit to the team, the athletic program, and the College.
4. Student-athletes shall abide by the letter as well as the spirit of College rules and regulations as noted in the Student Handbook.
5. Student-athletes shall, at all times, respect and be courteous to all members of the College community and to visitors to the campus.
6. Student-athletes shall exhibit dignity in manner and dress when representing the College.
7. Student-athletes shall neither physically abuse, nor threaten another person, nor abuse any College owned or controlled property, or property associated with any College sponsored organizations or functions.
8. Hazing of any kind is not allowed. Any questions about the definition of hazing should be put to the Athletic Director.
9. Student-athletes shall not use, possess, nor distribute any steroids, narcotics, illicit or dangerous drugs as designated by the NJCAA (with exception of the use of drugs prescribed by a licensed physician).
10. Students-athletes shall not use alcohol, drugs (intent or in-possession) or tobacco at any time during their team's competitive season or during an official team function. For purposes of this policy, an official team function is defined as any activity that is held at the direction of, or under the supervision of, the team's coaching staff.

Violations of these rules or other College rules governing student behavior will be handled by possibly removing the student-athlete from the team. The Dean's office will be notified in accordance with College rules. Behavior, which is not in accordance with such rules, may result in suspension, or expulsion from intercollegiate athletic competition.

I understand that I am responsible for reviewing the Misconduct policy located in the Student Handbook, found on the College's website at [www.camdencc.edu](http://www.camdencc.edu), under Student Services, and that I will be held accountable to all policies, rules and guidelines within.

By signing this form I acknowledge that I will be held to the standards listed above.

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Printed Name of Student-Athlete

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Signature of Student-Athlete

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Sport

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Date

# Camden County College Athletics Fundraising

Please be aware that if you take part in any Fundraising activities with Camden County College Athletic Sports Programs and are cut or removed from the program for any reason the money will be non-refundable. By signing this page you have read the above statement and agree to these terms.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_





## Conduct Code When Traveling

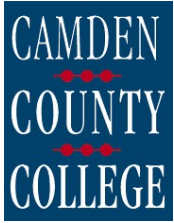
Please read, and understand that you are required to adhere to the following items regarding travel as a student athlete of Camden County College:

1. Camden County College student athletes must be aware that they are representing the school and community at all times, whether on the field or in the community.
2. Any hotel/restaurant items are to remain in that establishment. This includes items such as towels, blankets, pillows, silverware, glasses, and all other items belonging to the hotel/restaurant.
3. Athletes are to be respectful to fellow hotel guests and restaurant patrons in regards to noise level and appropriate mature behavior.
4. The College will not pay for outside phone calls from hotel rooms. Students must make their own arrangements such as calling cards or cell phones.
5. Meal money should only be used for food and nutritional purposes. Athletes should be providing their bodies with proper nourishment to maximize performance during competition.
6. All alcohol, tobacco, and illegal drugs are strictly forbidden while traveling and lodging with team.
7. There shall be absolutely no outside visitors in any designated athletes' room without the knowledge and permission of the coaching staff.
8. After room checks, all athletes must remain in their room. A set curfew will be mandated by Coach/Staff member.
9. Student Athletes cannot return early or leave the team travel party prior to the conclusion of the event schedule without DIRECT permission from the Director of Athletics.
10. As a Student Athlete, I acknowledge by my signature below that I have been required and In fact have reviewed the Student Handbook and its Code of Conduct and understand the policies recited in the Handbook apply to me even when I am away from the College.
11. All student athletes will be monitored on the aforementioned regulations. Failure to comply, or any related violation could possibly result in:
  - **Dismissal From The Team**
  - **Institutional Discipline**
  - **Municipal Discipline**
  - **Civil Action**

**Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Athletic Medical History and Physical Exam Record



## CAMDEN COUNTY COLLEGE

Office of Athletics  
PO Box 200 College Drive  
Blackwood, New Jersey 08012

(Please Print in Ink)

Intercollegiate Sport: \_\_\_\_\_ Date \_\_\_\_\_

### PART A: IDENTIFICATION DATA

Name: \_\_\_\_\_ College ID# \_\_\_\_\_  
Last First Middle

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### PART B: EMERGENCY INFORMATION

Parent/Guardian/Spouse/Next-of-Kin to be notified in case of emergency

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_ Bus. Phone: ( ) \_\_\_\_\_

### PART C: Medical Health History

All information on this form is completely confidential.

Please describe your present health. \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

2. Has your present health CHANGED in the last year? Yes No  
If yes, explain. \_\_\_\_\_

3. Have you ever been HOSPITALIZED for Illness or surgery? Yes No  
If yes, give dates, reason & explain. \_\_\_\_\_

4. Has a doctor treated you for any condition in the last two years? Yes No  
If yes, explain. \_\_\_\_\_

5. Do you wear contact lenses? Yes No

6. If female, are you : Pregnant \_\_\_\_\_ On Birth Control Pills \_\_\_\_\_

7. Please check any condition(s) you have had or have at the present time.

Yes/No	Comments	Yes/No	Comments
	Heart Failure		Lung Disease
	Heart Surgery		Bronchitis
	Rheumatic Heart Disease		Emphysema
	Irregular Heart Rate		Pneumonia
	Congenital heart Defect		Breathing Difficulties
	High/Low Blood Pressure		Fainting or Dizzy Spells
	Ankle Swelling		Epilepsy
	Shortness of Breath		Vision Problems
	Stomach/Intestinal Ulcers		Hearing Problem
	Anorexia/Bulemia		Frequent Headaches
	Used Diet Drugs/Fen-phen		Hemophilia
	Artificial Joints		Bleeding Longer than normal
	Persistent cough		Diabetes
	Asthma		Implants of any kind
	Often fatigued/exhausted		Sickle Cell Anemia

8. Circle any of the following drugs you are taking. Please indicate specific drug and dosage.

- Antibiotics or Sulfa drugs \_\_\_\_\_
- Anticoagulants (blood thinners) \_\_\_\_\_
- Medicine for High Blood Pressure \_\_\_\_\_
- Cortisone (Steroids) \_\_\_\_\_
- Tranquilizers \_\_\_\_\_
- Aspirin \_\_\_\_\_
- Insulin \_\_\_\_\_
- Oral Diabetes Medicine \_\_\_\_\_
- Heart Medicine \_\_\_\_\_

9. Explain any allergies you have to the following:

- Medications: \_\_\_\_\_
- Environmental: \_\_\_\_\_
- Foods: \_\_\_\_\_

10. Identify any prosthesis you may be wearing.

- Glasses: Yes \_\_\_\_\_ No \_\_\_\_\_
- Contacts: Yes \_\_\_\_\_ No \_\_\_\_\_
- Temporary Capped Teeth: Yes \_\_\_\_\_ No \_\_\_\_\_
- Dental Partial Plate: Yes \_\_\_\_\_ No \_\_\_\_\_

11. Limitations: Indicate any physical or other limitation that would prevent this student from participating in Athletics. \_\_\_\_\_

12. Musculoskeletal Injuries: \_\_\_\_\_  
(Dates/Explain) \_\_\_\_\_

13. Fractures: \_\_\_\_\_  
(Dates/Explain) \_\_\_\_\_

14. Hospitalizations: \_\_\_\_\_  
(Dates/Explain) \_\_\_\_\_

15. Surgeries: \_\_\_\_\_  
(Dates/Explain) \_\_\_\_\_

**PART D: Physical Examination**

Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Vital Signs:

Heart rate \_\_\_\_\_ minute; regular/irregular

Blood Pressure \_\_\_\_\_ mmHg

Respirations: \_\_\_\_\_/minute

Are there any abnormalities? If yes, please describe.	No	Yes	DESCRIPTION
Head, ears, nose, throat			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal (ROM & Reflexes)			
Endocrine/Metabolic			
Neuropsychiatric			
Integumentary			
Genitalia- Hernia/Testicle			

I have examined this person and find him/her physically fit to participate in Athletics.

**MUST BE STAMPED!!!**

M.D. Signature: \_\_\_\_\_ Provider's Name: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Address: \_\_\_\_\_



\* I, \_\_\_\_\_, (STUDENT, PRINT NAME) hereby state the above physical information has been completed

by an authorized physician: \_\_\_\_\_ (STUDENT'S SIGNATURE)