

Directions for Completing the Athletic Eligibility Process

The following questions will help you fill out PVCC Athletic eligibility forms which will determine your ability to participate and compete in an NJCAA sport. Incomplete forms may jeopardize your eligibility or that of your entire team. Please take time and read each item carefully. If you have any questions, please see your coach or call Christina in the athletics office at (602) 787-7173.

1. Is PVCC the ONLY college/university you have ever attended? (Be sure to include any part-time college enrollment during or after high school). YES/NO

Names of Colleges Attended: _____

You must call the school and request **OFFICIAL TRANSCRIPTS** be sent to **PVCC Admissions and Records Office, Paradise Valley Community College, 18401 N. 32nd Street, Phoenix, AZ 85032.**

2. Did you take a break prior to enrolling in college after completion of high school (not including summer)? YES/NO

Make sure you account for this time on the eligibility form. Include the name of the employer or activity you were engaged in and the time frame involved.

3. Is PVCC the only place you have participated in collegiate athletics? YES/NO

Name of College & Sport: _____

If you have participated in a sport you may have to complete a transfer waiver and/or Form 3. Please see Christina Hundley (L Bldg) to confirm your obligation under this eligibility provision.

4. Are you a high school graduate or a GED recipient? YES/NO

A copy of your OFFICIAL high school transcript or equivalency must be on file at the Athletic Office prior to your participation in a sport. Please have your high school mail a copy to **Attn: Athletics Department, Paradise Valley Community College, 18401 N. 32nd Street, Phoenix, AZ, 85032.**

5. Have you completed your insurance verification sheet and **given a copy of your insurance card** to Christina in the L Bldg? YES/NO

In order to be eligible to participate and compete we must have your insurance information.

6. Have you had a physical examination and had your doctor fill out the proper form? YES/NO

Free physicals provided by the TOPS program will be available on 7/18/2009 at Midwestern University. For more information contact Rick Wade, Head Athletic Trainer at 602-787-7167.

7. Have you registered for at least 12 credits which start within 15 calendar days from the beginning of the semester? YES/NO

**Once complete, submit your eligibility documents ASAP or as requested
by your coach or athletic department staff.
Remember no packet, no participation!**

Student-Athlete Eligibility Check List

Core Packet:

- Student Athlete Profile/Goal Sheet
- Eligibility Affidavit
- Risk Release
- Talent Release
- Code of Conduct
- PASS Time Policies
- Insurance Information
- Physical
- Health Questionnaire

Core Packet Supporting Documents:

- Insurance Card (front and back)
- High School Diploma or Transcript

Additional Documents, (if applicable):

- Prior College/University Transcripts (includes community college dual credit)
***All transcripts must be sent directly to the Admissions and Records Office at Paradise Valley Community College 18401 N. 32nd Street Phoenix, AZ 85032. Hand carried or transcripts delivered to the athletics office will not be accepted.*
- Transfer Waiver and/or release
***If you have ever attended another community college full-time, we must have a waiver on-file. Please see the PV Athletics Department to see if this applies to you.*
- Form 3 (Prior athletic participation verification)
***If you have ever attended another college/university full-time we must verify athletic participation. Please see the PV Athletics Department to see if this applies to you.*

**2010-2011
ATHLETIC ELIGIBILITY PACKET**

Date: ____/____/____ **Sport:** _____
Name: _____ **Student ID Number:** _____
Date of Birth: ____/____/____
Current Address: _____ City: _____ State: ____ Zip: _____
Home Phone: () - _____ Cell Phone: () - _____
Email Address: _____ Year: ____ Freshman ____ Sophomore
Permanent Address (if different): _____
City: _____ State: ____ Zip: _____
Emergency Contact Name: _____ Contact Phone: () - _____
Hometown: _____
High School: _____ Graduation Date: _____
Cumulative GPA: _____ Class Rank: _____ out of _____ ACT/SAT Score: _____
Are you an NCAA Clearinghouse Qualifier: _____ if so, what is your number: _____

We in the PVCC Athletic Department feel that the following information is important and valuable in providing us with direction so we can best meet your needs and expectations as a student-athlete at PVCC. We ask that you take the time to be as clear and specific as possible when responding to the following items.

1. Why did you choose to attend PVCC?:
Location ____ Education ____ Coaching ____ Scholarship ____ Other ____
2. Which of the following apply to your academic goals while at PVCC:
____ Earn an associates degree? Possible Major: _____
____ To transfer to a university or four year school (which one: _____)
____ Attend for only two years then seek employment
____ Attend for only one year
____ Other (please describe: _____)
3. What are you individual/team athletic goals while at PVCC?:
Improve skills ____ Make friends ____ Make Post-season/Qualify for Nationals: ____
4. What do you hope to accomplish through your experiences at PVCC? :

5. Are there specific (academic/athletic/life) skills you wish to learn more about and/or further develop while you are attending PVCC?

6. Which of the following do you have concerns about while attending PVCC:
____ Time Management
____ Academics
____ Athletics
____ Money
____ Commuting
____ Being away from home
____ Other (please describe: _____)
7. Would you have chosen to come to PVCC if you were not participating in athletics? **YES / NO**



NJCAA Eligibility Affidavit



SPORT: _____ Date: _____

Fill in ALL information on this form to assist in determining eligibility for the NJCAA.

Name: _____ Birth Date: ___/___/___ Social Security #: _____
 (First, Middle, Last)

College Name: _____ Semester _____

Personal Information:

Home Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____
 Street Address City, State, Zip Code

Parents' Names: _____ Phone Number: _____

Are you a United States Citizen or a Permanent Resident*? Yes _____ No _____ (*Holder of a Green Card or F1 VISA)

Are you on another type of VISA? Yes _____ No _____ If so, what type? _____

High School Information:

High School(s) Attended: _____ City, State & Country: _____

Graduated?: Yes* _____ No _____ High School Graduation Date (month/year): ___/___

Check here if you have earned a *GED: _____ GED: Date Earned (month/year): ___/___

***A copy of your official High School Transcript or GED Certificate with completion date must be on-file with the Athletics Department prior to your participation in competition.**

Additional Information:

- Did you take any college credit classes while in high school? Yes* _____ No _____
 * If yes, from what college(s)? _____
*** If yes, please furnish official transcript(s) from each college, to be mailed directly to Admissions & Records.**
- Have you ever signed a Letter of Intent form with any institution? Yes _____ No _____
 If yes, specify the College: _____ Date (day/month/year): ___/___/___
- Have you ever participated in a sport in a country other than the United States? Yes _____ No _____
 If yes, describe the situation and complete the following: _____
 Sport(s)? _____ Country: _____ Dates: _____
- Have you ever been red-shirted, granted a medical or other personal hardship for a season? Yes _____ No _____
 If yes, list when, where, and describe the situation. _____

5. Have you ever participated in practices/tryouts/exhibitions/scrimmages/games for an intercollegiate team other than this college? Yes _____ No _____ If yes, name the school, date, sport, and describe the situation.

School(s): _____ Sport(s): _____ Date(s): _____
 Situation: _____

6. Have you ever played on a club team at a college or university? Yes _____ No _____ If yes, name the school, sport and the dates.

School(s): _____ Sport(s): _____ Date(s): _____
 Situation: _____

7. Have you ever received money beyond expenses for participating in any athletic event? Yes _____ No _____

If yes, describe the situation. _____

THE NJCAA REQUIRES YOU TO ACCOUNT FOR ALL TIME THAT HAS LAPSED SINCE ATTENDING HIGH SCHOOL INCLUDING FULL AND PART TIME COLLEGE ATTENDANCE, MILITARY SERVICE, CHURCH SERVICE AND EMPLOYMENT. (If none of the previously mentioned activities apply, indicate dates and specify "did not work – did not go to school".) PLEASE ACCOUNT FOR ALL TIME ON THE HISTORY BELOW. INCOMPLETE FORMS WILL BE RETURNED.

From: _____ to: _____
 Month/Year Month/Year College, Activity or Employer Address City, State, Zip

From: _____ to: _____
 Month/Year Month/Year College, Activity or Employer Address City, State, Zip

From: _____ to: _____
 Month/Year Month/Year College, Activity or Employer Address City, State, Zip

From: _____ to: _____
 Month/Year Month/Year College, Activity or Employer Address City, State, Zip

From: _____ to: _____
 Month/Year Month/Year College, Activity or Employer Address City, State, Zip

From: _____ to: _____
 Month/Year Month/Year College, Activity or Employer Address City, State, Zip

From: _____ to: _____
 Month/Year Month/Year College, Activity or Employer Address City, State, Zip

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. I authorize the college to release my transcripts to the National Junior College Athletic Association and college officials involved in the determination of and compliance with athletic eligibility.

Student-Athlete Signature: _____ Date: _____

FOR OFFICE USE ONLY

CURRENT HOURS _____

TERM	NCFT	DATE	HIGH SCHOOL	I.E.	SEM	HRS	GPA	CUM HRS	CUM GPA	SEAS	PHYSICAL	S

Maricopa Community Colleges Intercollegiate Athletics Consent Form

This form authorizes the Maricopa Community Colleges and its colleges to release certain personal information about you for educational purposes, including information that may be subject to the Family Education Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please read it carefully.

“Personal information” means specific information about you, including education records and personal health information, that the Maricopa Community Colleges or its college(s) disclose: as a condition to permitting you to participate in college intercollegiate athletics; to benefit you in pursuing athletics beyond the Maricopa Community Colleges; to address your health as you play college intercollegiate athletics; or to highlight the colleges’ intercollegiate athletics programs or your participation in them. It includes, as is appropriate to the specific use, your name, address, telephone number, date and place of birth, medical or health conditions, major field of study, participation in officially recognized activities and intercollegiate athletics, weight and height, dates of college attendance, degrees and awards, grade point average, email address, intercollegiate athletics in which you have participated and positions played, the name of your high school(s), the name of any other postsecondary institution you have attended, and your home town. The term also includes any photo, portrait, video clip, or other image of you created by any person for or on behalf the Maricopa Community Colleges, its colleges or any other educational institutions that you have attended.

By signing this form, I certify that:

1. I have read and understand the definition of “personal information” specified in this form.
2. I authorize the release of personal information for the purposes specified in this form except that listed here: _____

3. I authorize FULL DISCLOSURE of personal information concerning any athletic injury I may sustain while participating in intercollegiate athletics at a college.
4. I understand that some or all of the following persons may be told about my health conditions: coaches, media, parents, athletic directors, team physicians, doctors’ staff, referral sources, and the Maricopa Community Colleges insurance brokers or companies.
5. I authorize the use and disclosure of personal information for the following purposes:
 - In promotional literature or video presentations about college athletic programs or about the Maricopa Community Colleges in general;
 - In any Internet website maintained by or for the benefit of the Maricopa Community Colleges and its colleges;
 - To disseminate to the National Junior College Athletic Association concerning my participation in inter-collegiate athletics;
 - To include in any program or publication about an athletic event sponsored by the Maricopa Community Colleges or its colleges or by any other organization and in which the Maricopa Community Colleges or its colleges is participating;
 - To disseminate to other postsecondary institutions in connection with their recruitment activities;
 - To release to any newspaper, broadcasting entity, or any other media outlet;
 - To disseminate to any high school or other educational institution that I have attended.

I understand that I have the right not to consent to the release of my education records and to receive a copy of them on request. This consent shall remain in effect until revoked by me, in writing, and delivered to the Maricopa Community Colleges. Any revocation will not affect disclosures that the Maricopa Community Colleges made before receiving my revocation.

Signature of Student or Parent/Guardian if Student is under 18

Print Name of Student

Date: _____

Print Name of Parent/Guardian if applicable

READ EACH STATEMENT BELOW CAREFULLY BEFORE SIGNING.

PARADISE VALLEY COMMUNITY COLLEGE
ATHLETIC DEPARTMENT
STUDENT ATHLETE ACCIDENT INSURANCE COVERAGE

The Maricopa County Community College student accident insurance policy, which provides insurance for student athletes who sustained injuries while participating in the play or practice of intercollegiate sports, is secondary or "excess" coverage. Any other accident insurance coverage under which the athlete may be covered is considered to be "primary" coverage. If any athlete is injured and covered under a primary plan, a claim must be filed under both policies. The college secondary or "excess" plan will pay only after the primary insurance company has made payment. If there is no primary coverage, then our student accident insurance will pay what is considered to be reasonable and customary charges in Maricopa County. If this does not cover the entire bill, then the student athlete is responsible for the remaining balance.

I have read and understand the above statement.

Athlete Signature

Date

PARTICIPATION RISK STATEMENT

Participating in all sports requires an acceptance of risk of injury. Through various procedures, such as pre-season physical examination, proper facilities maintenance and instruction of correct sports technique, we attempt to provide a safe, competitive environment for all student athletes. In addition, we have a team physician (general practitioner and orthopedic specialist) and a certified athletic trainer to assist you with injury prevention and treatment.

In spite of these efforts, injuries do occur. Athletic competition by its very nature results in numerous uncontrollable situations where injuries cannot be avoided. As an athletic participant, there is always the possibility that you may sustain an injury. The injury may range from a minor one to one of great severity, and which could result in deformity, paralysis, or even death.

Your signature below serves as verification that you have read this Participation Risk Statement and fully understand its contents and meaning.

Athlete Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any insurance company, hospital, physician or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records to the head athletic trainer at Paradise Valley Community College. A photocopy of this authorization shall be considered as effective and valid as the original.

Athlete Signature

Date



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

**STUDENT RELEASE
AUTHORIZING USE OF ATHLETICS INFORMATION**

The term “athletics information” in this Release means the following information about me: my name, my height, my weight, all sports in which I have participated and the positions I have played in those sports, the name of any high school I attended, the name of any other postsecondary institution I have attended, and my home town. “Athletics information” also includes any photograph, portrait, video clip, or other image of me created by any person on behalf of or for the benefit of _____ College or the Maricopa County Community College District.

I, _____, hereby authorize _____ College and the Maricopa County Community College District to disclose and use within their discretion my athletics information as follows:

1. For inclusion in promotional literature or video presentations about college athletic programs or about _____ College or the Maricopa County Community College District in general;
2. For inclusion in any Internet website maintained by or for the benefit of _____ College or any other member institution of the Maricopa County Community College District;
3. For dissemination to the National Junior College Athletic Association concerning my participation in inter-collegiate athletics;
4. For inclusion in any game program or similar publication regarding an athletic event sponsored by the Maricopa County Community College District or member institution or regarding an athletic event that is sponsored by any other organization and in which the Maricopa County Community College District or member institution is participating;
5. For dissemination to other postsecondary institutions in connection with those institutions’ recruitment activities;
6. For release to any newspaper, broadcasting entity, or any other media outlet;
7. For dissemination to any high school or other educational institution that I have attended.

I authorize this Release without any claim of present or future compensation or other consideration of any kind, and also without any restriction on the use of my athletics information.

Student

Date

Legal Guardian

Date

(If student under 18 years of age)

CODE OF CONDUCT

When you participate in intercollegiate athletic competition, you represent Paradise Valley Community College and will be in the public eye. Your personal conduct must reflect favorably upon your team and PVCC. As a member of a PVCC athletic team, you are expected to demonstrate acceptable behavior. Your coach will instruct you in positive techniques for communicating with officials and opponents, maintaining control, and how to react to the aggressive and/or negative actions of opponents or spectators. The acceptance of athletic scholarships and participation as a member of an athletics team holds academic and athletic responsibilities for the student-athlete. These are as follows:

ACADEMIC

- Attend classes regularly and complete all academic work;
- Meet with academic advisors each semester and attend the PASS TIME PROGRAM, as directed;
- Maintain an academic load of at least 12 credit hours per semester and make satisfactory progress toward a degree as laid out in your PUMA PATH;

ATHLETIC

- Abide by all teams, Departmental, College, NJCAA rules;
- Follow a nutrition and exercise program as recommended by your coach, and maintain personal habits which enhance healthful living.
- Abide by all rules imposed during practice and competitions, and at any other time when representing PVCC.
- Take proper care of equipment and return it in good condition; and
- Treat all players, officials, spectators and coaches courteously and with respect (see Sportsmanship Policy below).

GENERAL

- When representing Athletics and PVCC, act in an appropriate manner in both behavior and dress.
- Obey all federal, state and city laws; and
- Do not use tobacco, alcohol and non-therapeutic drugs (see Tobacco, Alcohol/drugs Policy below)

SOCIAL NETWORKING

While social networking websites are a popular way to communicate and connect with others, you need to be aware that the information and pictures you post (or others post about you) may have implications for your personal safety, personal and institutional image, NJCAA and Departmental code of conduct rules and future career/professional opportunities. Any actions which are deemed inappropriate and that compromise the image of the college, department, sport teams as well as behaviors which violate federal, state and local laws could result in discipline. Examples of inappropriate or offensive behaviors posted social networking websites may include depictions or presentations of the following:

- Hazing
- Use of alcohol and drugs
- Lewd or lascivious behavior

Information posted on social networking site is not private. Outside individuals can access this information and the information on an on-line profile can be used unintended ways including:

- The parents of a prospective student-athlete could check the profiles of current athletes on the team to see what their son or daughter's future teammates are like.
- A potential employer can review a student-athlete's profile before making a hiring decision.

- Faculty, other college personal and law enforcement agencies can scrutinize a student-athlete's information.
- Opposing spectators and players can obtain information regarding student-athletes which can then be used to taunt the athlete during a contest.
- Information can be used to harass, or "stalk" student-athletes.

NJCAA CODE OF CONDUCT

- A) **Sportsmanship:** Certain standards of behavior are expected of all student-athletes and team personnel participating in any NJCAA event. Student-athletes are guests at any event; their participation is a privilege not a right. Sportsmanship and citizenship are modes of conduct that promote and develop respect for fellow participants, coaches, and teammates. That respect should also be reflected in the behavior of each student-athlete toward officials and spectators.
- B) **Alcohol/Drugs:** The use of all alcohol/drugs at any NJCAA sponsored event is prohibited. Any game official having reasonable cause to believe a student-athlete is using or is sufficiently impaired so as to endanger the individual or other individuals participating in said event by virtue of injury, use of alcohol, or drugs (including but not limited to performance enhancing or pain killing drugs) may remove or disqualify said individual from further participation in the sporting event.
- C) **Tobacco:** The use of all tobacco products shall be prohibited in all practices and athletic events conducted under the auspices of the NJCAA and member institutions. The event official shall immediately enforce event disqualification and/or additional penalties.

The Code of Conduct will be strictly enforced--warnings will NOT be given. Student-athletes are reminded that participation in athletics is as privilege and not a right. Additional disciplinary actions, above those stipulated by a game official, for any violation of the Code of Conduct will be assessed by the Athletic Director and may vary based on the type and severity of the violation. Penalties for violation of any part of the code may include:

- Event disqualification;
- Future game suspensions;
- Suspension and/or non-renewal of athletic scholarship;
- Permanent dismissal from the athletic program; and
- Criminal action

Reporting Obligation & Investigation

Every student-athlete is obligated to report his or her violations of this Code of Conduct to his or her Head Coach or to the Director of Athletics within 24 hours of such violation. If the Department of Athletics becomes aware of an alleged violation of this Code of Conduct not reported by the student-athlete, the Director of Athletics or will take reasonable steps to verify the validity and accuracy of the report. These steps may include interviews of students and employees, or of non-college persons having knowledge of relevant facts and the examination of documents. The Athletic Director will normally meet with the student-athlete prior to the imposition of discipline; however, in extenuating circumstances, the AD may suspend the student-athlete before the meeting.

I have read and understand the Code of Conduct as it relates to my participation in athletics at Paradise Valley Community College. I understand that I am responsible for my actions and that a violation of the Code of Conduct may result in a variety of penalties including permanent dismissal from the PVCC athletics program.

Student's Signature: _____ Date: _____

PUMA ATHLETICS STUDENT SUCCESS (PASS TIME) POLICIES

All athletes are required (those with 24 cumulative hours and a 3.0 GPA are exempt) to be in a non-credit PASS Time section for two (2) hours each week. PASS Time hours are earned and logged in the Learning Support Center (LSC) located in the E-Building. **Hours can be logged Monday - Thursday from 11:00am - 1:30pm only.** Accountability and tracking will begin on the first day of classes and continue through the entire academic year.

Reports are generated weekly and reviewed on Fridays by the athletics staff and coaches. If at any time a student falls below the minimum requirement of two (2) hours per week, the following will occur:

IN-SEASON ATHLETES:

Student must meet with Todd Lehman for resolution and may be declared ineligible. Student will remain ineligible until resolution has been reached.

OUT-OF-SEASON ATHLETES

Student must meet with Todd Lehman for resolution. If hours are not adequately maintained throughout the semester, the student may:

- Lose any and all athletic scholarship assistance.
- Be subject to single or multiple game suspensions.
- Be declared ineligible to compete the following season.

Student athletes who need to make up time are strongly encouraged to make the time up **Monday - Thursday between 11:00am - 1:30pm.** When making up hours, students must let the Learning Support Staff know that they are making up for missed hours. In addition, missed hours due to scheduled athletic competitions or travel must be made up prior to the trip or competition.

LEARNING HOUR POLICIES

- Student ID's are required to log in.
- When you are in the LSC, you must adhere to the policies... no loitering.
- Unproductive or disruptive students will be asked to leave the LSC and are required to make up missed time.
- PASS Time is proctored by Kevin Arps and Todd Lehman as well as the LSC Staff.
- No Cell phone use in LSC. (including text msg., email, or voice mail)
- No use of computers for the social networking sites (Facebook, Myspace, Twitter, etc.).
- Students may not use the library or computer commons for required hours.
If you need to use them you may log out and log back in when done.
- All work, except with tutors and The Writing Center will be done in designated rooms.
- Noise should be kept at a minimum when working in groups.
- You should never have a time with nothing to study, or nothing to do.
- Come to the LSC with a plan for what you are going to work on.
- Work schedules do not excuse or override Learning Hour commitments.
- Holiday's do not exempt required hours. Students must make hours missed because of school holidays.

I have read and understand my obligations to the P.A.S.S. Time Program as they relate to my participation in athletics at Paradise Valley Community College.

Student Signature: _____ Date: _____