

## 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. 32<sup>nd</sup> 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 High School Diploma, OFFICIAL high school transcript or equivalency must be on file at the Athletic Office** prior to your participation in a sport. Please bring a copy of your diploma to the Athletics Department. If you do not have your diploma, please have your high school mail a copy of your OFFICIAL transcript to **Attn: Athletics Department, Paradise Valley Community College, 18401 N. 32<sup>nd</sup> 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**

**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. 32<sup>nd</sup> 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.*

**2011-2012  
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.

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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.

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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.

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**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 student-athletes are required (those with 24 cumulative hours and a 3.0 GPA are exempt) to be in PASS Time 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 - Friday from 11:00am - 1:30pm only.** Accountability and tracking will begin on the first day of classes and continue through the entire academic year. Student-athletes are encouraged to check their PASS Time hours by logging in to their PAWS account.

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 - Friday 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.
- 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 PASS Time 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: \_\_\_\_\_



Paradise Valley Community College  
18401 North 32nd Street  
Phoenix, Arizona 85032

Tel 602.787.7173  
Fax 602.787.6715

[www.paradisevalley.edu/athletics](http://www.paradisevalley.edu/athletics)

Dear Paradise Valley Community College Student-Athlete/Parent:

As you may know, participation in athletics here at Paradise Valley Community College requires an annual physical exam and submission of an updated health history form.

Paradise Valley Community College Sports Medicine requires that all student-athletes undergo a physical exam by a medical doctor before being eligible to participate in athletics. We **REQUIRE THAT THIS PHYSICAL INCLUDES AN EKG** and, if necessary, any follow-up testing. Primary health care insurance may provide reimbursement for these tests, so please check with your health insurance provider. This physical must be completed on the PVCC physical form included in this packet.

If a student-athlete attended the free physical held by TOPS on June 11, 2011 there is no need to seek further medical service, unless directed to do so by TOPS. Please confirm that your TOPS physical and EKG are on file with Rick Wade prior to starting any athletic activities with PVCC athletics.

Please feel free to contact us or your coach with any questions or concerns you may have with this physical process. We are happy to provide any additional assistance or resources to help ensure that all PVCC athletes receive the best possible pre-season medical screening.

Sincerely,

*Greg Silcox*

Greg Silcox  
Director of Athletics  
Paradise Valley Community College  
602-787-6622

*Rick Wade*

Rick Wade, MS, ATC/L  
Head Athletic Trainer  
Paradise Valley Community College  
602-787-7167

**PARADISE VALLEY COMMUNITY COLLEGE**  
**HEALTH INSURANCE INFORMATION / AUTHORIZATION**  
**2011-2012**

(PLEASE TYPE OR PRINT IN INK!)

Student-Athlete's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Sex  Male  Female Date of Birth \_\_\_\_\_ Sport \_\_\_\_\_  
 Local Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy / ID # \_\_\_\_\_ Group # \_\_\_\_\_  
 Insurance Company Phone # \_\_\_\_\_ Type of Insurance-  HMO  PPO  Indemnity  Other

**In case of Emergency, please notify** \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_

**Do you have insurance through you, an employer, or a parent/guardian? Yes No**

FATHER'S / GUARDIAN'S INFORMATION	MOTHER'S / GUARDIAN'S INFORMATION
Name _____	Name _____
SS No. _____ DOB _____	SS No. _____ DOB _____
Home Address _____	Home Address _____
Home Phone _____	Home Phone _____
Employer _____	Employer _____
Employer Address _____	Employer Address _____
Work Phone _____	Work Phone _____
Insurance Company _____	Insurance Company _____
Policy / ID # _____	Policy / ID # _____
Group # _____	Group # _____
Insurance Company Phone # _____	Insurance Company Phone # _____
<u>Type of Insurance-</u> <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Indemnity <input type="checkbox"/> Other _____	<u>Type of Insurance-</u> <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Indemnity <input type="checkbox"/> Other _____
Primary Care Physician _____	Primary Care Physician _____
Physician Phone # _____	Physician Phone # _____
Is preauthorization necessary for medical/diagnostic services? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone # _____	Is preauthorization necessary for medical/diagnostic services? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone # _____
Is student-athlete covered under this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is student-athlete covered under this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE READ CAREFULLY!**

- ♦ The Maricopa County Community College student accident insurance policy, which provides insurance for student-athletes with *injuries occurring only when participating in the play or practice of intercollegiate athletics*, is considered "EXCESS" or "SECONDARY" to any other collectible group insurance benefits. Therefore, any claims for benefits must first be filed with the group insurance company providing coverage. Only after all available benefits have been exhausted will Maricopa County Community College insurance carrier consider payment for any remaining balances. 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 athletes is responsible for the remaining balance.
- ♦ 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.
- ♦ I hereby certify that I have read & understand the above statements, that any & all questions have been answered to my satisfaction, & that the answers provided are true, complete, & correct to the best of my knowledge.

**Student-Athlete's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Paradise Valley Community College  
18401 North 32nd Street  
Phoenix, Arizona 85032

Tel 602.787.7173  
Fax 602.787.6715

[www.paradisevalley.edu/athletics](http://www.paradisevalley.edu/athletics)

Dear Health Care Provider,

Participation in athletics at Paradise Valley Community College requires an annual physical exam and submission of an updated health history form. In recent years, an increase of cardiac related deaths while participating in athletics has been noted. As a result, Paradise Valley Community College Athletics **REQUIRES THAT THIS PHYSICAL INCLUDES AN EKG** and, if necessary, any follow-up testing. With your assistance, we are trying to ensure that PVCC athletes receive the best possible pre-season medical screening available. We would appreciate any cooperation you can give with this matter. Thank you for your consideration.

**\*\*PLEASE ATTACH EKG RESULT SHEET TO PHYSICAL WITH A NOTE ON IT CONFIRMING THAT THE EKG IS NORMAL AND THE ATHLETE IS CLEARED TO PLAY.**

Sincerely,

*Rick Wade*

Rick Wade, MS, ATC/L  
Head Athletic Trainer  
Paradise Valley Community College  
18401 N. 32<sup>nd</sup> St.  
Phoenix, Arizona 85032  
602-787-7167

**PARADISE VALLEY COMMUNITY COLLEGE  
STUDENT ATHLETE PRE-PARTICIPATION PHYSICAL EXAM  
2011-2012**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sport(s) \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Vision: **R** 20/\_\_\_\_ **L** 20/\_\_\_\_ Corrected Yes / No

Family history of heart disease? Yes \_\_\_\_ No \_\_\_\_ explain if yes \_\_\_\_\_

Family history of sudden death? Yes \_\_\_\_ No \_\_\_\_ explain if yes \_\_\_\_\_

List any medications you are currently taking. \_\_\_\_\_

List any allergies. \_\_\_\_\_

Date of last tetanus shot. \_\_\_\_\_

EKG (CURRENT EKG REQUIRED) Attach EKG Result Sheet & Clearance				
EKG Date				
MM	DD	YY	<input type="checkbox"/>	Normal
			<input type="checkbox"/>	Abnormal

Previous Injury / Illness	YES	NO	Comments
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shoulder Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elbow Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wrist/Hand Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hip Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knee Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ankle/Foot Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spine Injuries	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____

	NORMAL	ABNORMAL FINDINGS
Skin	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	_____
Ears	<input type="checkbox"/>	_____
Nose	<input type="checkbox"/>	_____
Mouth/Throat	<input type="checkbox"/>	_____
Lymph Nodes	<input type="checkbox"/>	_____
Heart/Cardiovascular	<input type="checkbox"/>	_____
Pulmonary/Lungs	<input type="checkbox"/>	_____
Abdomen/Gastrointestinal	<input type="checkbox"/>	_____
Hernia	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	_____

**I certify that I have reviewed the history and examined the above student and I recommend:**

**Comments**

- \_\_\_\_\_ Clearance for athletic participation with no limits. \_\_\_\_\_
- \_\_\_\_\_ Clearance pending further evaluation or testing. (Please explain) \_\_\_\_\_
- \_\_\_\_\_ Referral to other health care professional prior to clearance. (Please explain) \_\_\_\_\_
- \_\_\_\_\_ Clearance with limitations. (Please explain) \_\_\_\_\_
- \_\_\_\_\_ Disqualified from competition. (Please explain) \_\_\_\_\_

Provider's signature \_\_\_\_\_ Date \_\_\_\_\_

License Number \_\_\_\_\_ Phone \_\_\_\_\_

**PARADISE VALLEY COMMUNITY COLLEGE**  
**STUDENT ATHLETE HEALTH QUESTIONNAIRE**  
**2011-2012**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sport(s) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Explain all "Yes" answers in space provided below.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you have an ongoing or chronic illness?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you currently taking any prescription or nonprescription (over the counter) medications or pills or using an inhaler?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had a rash or hives develop during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever passed out during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever been dizzy during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had chest pain during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you get tired more quickly than your friends do during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had racing of your heart or skipped heartbeats?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had high blood pressure or high cholesterol?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever been told you have a heart murmur?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you had a severe viral infection (for example, mononucleosis) within the last month?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has a physician ever denied or restricted your participation in sports for any heart problems?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had a head injury or concussion?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been knocked out, become unconscious, or lost your memory?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had a seizure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you have frequent or severe headaches?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had numbness or tingling in your arms, hands, legs, or feet?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever had a stinger, burner, or pinched nerve?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you cough, wheeze, or have trouble breathing during or after activity?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever had heat exhaustion or intolerance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you had any problems with your eyes or vision?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Do you wear glasses, contacts or protective eyewear?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Do you want to weigh more or less than you do now?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do you lose weight regularly to meet weight requirements or recommendations for your sport?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you feel unusually stressed out?   | <input type="checkbox"/> | <input type="checkbox"/> |

**FEMALES ONLY**

- |   |       |
|---|-------|
| 30. When was your first menstrual period?                       | _____ |
| 31. When was your most recent menstrual period?                 | _____ |
| 32. How many periods have you had in the last year?             | _____ |
| 33. What was the longest time between periods in the last year? | _____ |

Please comment on any of the "yes" answers. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Physician Initials