

Name: _____
ID number: _____
Sport: _____



STUDENT-ATHLETE FORMS

All student-athletes must complete the following forms prior to their first practice.



Assumption of Risk and Release

Student's Name: _____

ID#: _____ Sport: _____

READ the following information carefully, if you have any questions feel free to ask, when you fully understand all statements sign and date the form.

I agree that, as a participant in the club athletics program at Brightpoint Community College in the _____ academic year, I am responsible for my own behavior and wellbeing. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to, death; serious neck/spinal injuries, which may result in complete or partial paralysis; brain damage; serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system; and serious injury or impairment to other aspects of my body, general health and well being.

I understand that in the event of accident or injury, personal judgment may be required by Brightpoint Community College or College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that College personnel may not legally owe me duty to take action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all specific requests by the College and College personnel for my safety or the safety of others, as well as any and all of the College's personnel rules and policies applicable to all activities related to this program. I understand that the College reserves the right to exclude my participation in this program if at any time my participation or behavior is deemed detrimental to the safety and welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a result of my participation in this program, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the College. I understand that this Assumption of Risk form will remain in effect during my participation in this athletic program, unless a specific revocation of this document is filed in writing with the College-wide Student Activities Coordinator, at which time my visits to or participation in this program will cease.

I acknowledge that I have read and fully understand this document. I further understand that I am accepting these personal risks and conditions of my free will.

_____ I represent that I am 18 years of age or older and legally capable of entering this agreement

Participant's signature

Date

Address

If participant is less than 18 years of age, I am hereby providing provision for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

Participant's Name

Parent or guardian's signature

Parent's Address

Date



Athletic Insurance Waiver

Student's Name: _____

Sport: _____

Brightpoint Community College DOES NOT provide medical insurance for injuries sustained while participating in athletics. The College does not pay for any medical expenses incurred when College personnel recommends/requires the student-athlete to seek medical attention before being allowed to continue participation.

All medical expenses are the responsibility of the student and/or their families. The College strongly recommends that athletes carry their own medical insurance policy.

* * * * *

I, _____, understand that BCC does not have medical insurance for student-athletes and that BCC is not responsible for my medical expenses. My signature below indicates that I have read and understand the message, and I accept my responsibilities.

Participant's signature

Parent or guardian's signature if participant is under 18 years of age

Date

Date

_____ I DO HAVE MEDICAL INSURANCE
(Please Initial)

_____ I DO NOT CURRENTLY HAVE MEDICAL INSURANCE
(Please Initial)



Student-Athlete Contact Information

Name: _____ ID#: _____
Last First M.I.

Address: _____
Street or PO Box City State Zip Code

Local/Cell PHONE: _____

Date of Birth: _____ Birth Place: _____

Family Physician: _____ Phone #: _____

CONTACT #1 (First Contact in case of an emergency)

Next of Kin: _____
(Parent, Spouse, other Relative)

Address: _____ Home Phone: _____

_____ Business Phone: _____

Cell Phone: _____

CONTACT #2 (Second contact in case of an emergency)

Name: _____
(Parent, Spouse, other Relative)

Address: _____ Home Phone: _____

_____ Business Phone: _____

Cell Phone: _____

CONTACT #3 (Third contact in case of an emergency)

Name: _____

Address: _____ Home Phone: _____

_____ Business Phone: _____

Cell Phone: _____



Medical Agreement and Release

This form is required for every field trip faculty take, including college-sponsored extracurricular activities and athletics, and should be completed by every student participant and taken into the field by faculty or supervising sponsor.

On rare occasions an emergency will develop which requires medical care, hospitalization or surgery for a participant. So that such treatment can be administered without delay, the College requires that each participant, and the parent or legal guardian of any participant under 18, sign the statement below authorizing Brightpoint Community College representatives to secure any necessary treatment.

PERMISSION FOR EMERGENCY TREATMENT

In the event of injury or illness of _____,
Print Participant's Name

I hereby authorize any representative of Brightpoint Community College to secure any necessary treatment, including the administration of an anesthetic and surgery. I understand any costs for such treatment are my/our responsibility.

RELEVANT MEDICAL INFORMATION

Please indicate any relevant medical information, including medical conditions and medications currently taken:

Medical Insurance Information

Insurance Company: _____ Policy #: _____

In case of an emergency notify: _____ at _____
Name Telephone Number

Relationship to participant: _____

By signing this form, the participant, or the participant's parent or guardian, allows the provision of emergency treatment in cases of emergency and waives the right to confidentiality as to all matters pertaining to the care and condition of the participant. Such information will be discussed openly with any emergency services provider.

Participant's signature

Parent or guardian's signature (if applicable)

Date

Date



Information Release and Compliance Agreement

NAME _____
(Last) (First) (Middle)

ID#: _____ SPORT: _____

Release Agreement

1. Buckley Amendment Consent
PART A

The following items are considered “directory information” and may, in accord with the Family Educational Rights and Privacy Act (FERPA), be disclosed at the discretion of the College unless you specifically make a request to withhold such information by completing the BCC athletic form, “Student Record Disclosure”. For more information, please consult the Student Handbook.

- This form
- Student’s Name
- Participation in officially recognized activities and sports
- Address
- Telephone Listing
- Weight and height of members of athletic teams
- Electronic mail address
- Degrees, honors and awards received
- Major field of study
- Dates of attendance
- Grade level
- Most recent educational agency or institution attended
- Number of credit hours enrolled

In addition, the College will release the following information through the college website and other internal and external media:

- Photographs and video
- Relevant public information to include, but not limited too, official athletic rosters, individual achievements and game results.

PART B

2. The undersigned hereby agrees to the release of statistics resulting from athletic competition as required by the Virginia Community College System (VCCS).
3. I have not and will not violate any rules of the VCCS, or BCC. I understand that violation of any rules of the VCCS, and BCC may result in my removal from the team and/or termination of any athletic participation.

4. I understand that any incident of fighting or unsportsmanlike behavior on the part of a BCC student-athlete or team is grounds for excluding that student-athlete and/or team from participating or further participation in post-season play.
5. I understand that BCC rules require automatic game suspensions for any student athlete involved in fighting.
6. I understand that all post-season play will be at the discretion of BCC administration regardless of team record.
7. I have provided accurate and complete information.
8. I have not been instructed to provide inaccurate or incomplete information on this form by any BCC staff member.
9. I understand that my participation in any fraction of a single contest may constitute a year of athletic eligibility used, including participation on a club team.
10. I understand that I must stay enrolled in at least six (6) credit hours during the entire length of my club sport athletic season. If I do not follow the above, I will become immediately ineligible for any and all future BCC club athletic participation. Please Note: *Enrollment does not include audited classes.*
11. I give BCC permission to include me on a roster listed on the BCC Athletics website. I also give permission for my athletic accomplishments to be listed on the same website.
12. I hereby give the right to take, use, and publish, display, broadcast, or print – in any media – photographs, slides, digital images, films, and audio or video recordings made in conjunction with my participation on an athletic team, to the full extent in which I am included. I also give permission for BCC to use my name and biographical information. I understand that such sounds, images, and personal information may be used for instruction, promotion, advertising, and any other lawful purpose.
13. I am not allowed to publicly criticize game officials, referees, fans and opponents to the media or through an internet or social media posting. Other inappropriate postings on the internet/social media may result in removal from team and be subject to the College's Student Code of Conduct. Such action is prohibited by conference bylaws and subject to disciplinary action starting with a one game suspension.

Participant's signature

Date

The signature of the student's parent or guardian is required if the student is under 18 years of age or if the student is at least 18 years of age and is a dependent as defined by Section 152 of the Internal Revenue Code of 1954.

Parent or guardian's signature

Date



Important Student-Athlete Information

In order for a student-athlete to be eligible to participate in club athletics at BCC, he/she must meet the following standards as required by to participate:

1. Each student MUST enroll, maintain and earn at least 6 hours each semester. Please contact the coach or the College-wide Student Activities Coordinator with any questions.
2. Each student MUST maintain a grade point average of 2.00 each semester. Your eligibility status depends upon your grade point average and hours earned each semester, so it is important to keep up your grades every term and maintain the hours and GPA (grade point average) as required in order to participate.
3. It is the student's responsibility to keep your instructors INFORMED of your absences in class due to games, matches and tournaments. Please notify your instructors ahead of time so that you can arrange to make up work or take a test early if need be. This will also show the teacher that you are aware of the importance of academics.
4. If you are ever in doubt of ANYTHING regarding classes, registration for classes, grades, whatever, please let us know either through your coach or the College-wide Student Activities Office. We are here to help you as a student.

I have read these rules and guidelines required of me as a student-athlete in order to participate in club athletics at Brightpoint Community College.

Participant's signature

Date

Release of Liability for Student Independent Transportation/Code of Conduct

Please print clearly; return with appropriate proof of payment to your advisor if applicable. All incomplete forms will be returned to the advisor(s)

PART A: STUDENT INFORMATION

Name of participant: _____ Male Female

Address: _____ Date of Birth: /_____/____ City: ____

State: _____ Zip Code: _____ Home

Phone: (____) _____ Alternate Phone: (____) _____

E-Mail: _____ Student ID: _____

PART B: RELEASE AND INDEMNIFICATION AGREEMENT

Name of activity/course: _____

Activity location: _____

Date(s) of activity: _____

- A. As the above-named participant, I hereby register for and commit to attend the event specified in Part B of this form. I further agree to the terms of this Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.
- B. The undersigned releases from all liability, and indemnity and hold harmless the Commonwealth of Virginia, Brightpoint Community College and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness, death or loss incurred by the participant while participating in or traveling to or from this activity.
- C. As the undersigned, I understand that if I make any part of a trip independently from the travel party, I am responsible for making my own travel arrangements and am responsible for my own needs including, but not limited to, food, lodging, and transportation.

PART C: CODE OF BEHAVIOR

1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by a fellow student, leader or advisor.
2. The possession or use of alcohol, drugs, or weapons of any kind is not permitted.
3. Disruptive or disrespectful conduct is not permitted.
4. Participants must heed any and all directions of activity staff.
5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and/or the participant's parents/legal guardians.
6. Failure to abide by this Code of Behavior may result in an immediate removal from the travel party and offending participant may be required to find alternative transportation home at his/her own expense or minor's parents/legal guardians will be contacted to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request at his/her expense.
7. Participants will abide by all Codes of Conduct designated through Brightpoint Community College as if you were on campus or abroad.

I HAVE READ AND UNDERSTAND ALL CONTAINED IN THIS AGREEMENT

Participant's signature: _____ Date: _____

Parent or guardian's signature: _____ Date: _____

(Required if student under 18 years of age)

School Rep. /Advisor(s) Signature Date

Coordinator of Student Activities Date

Return Form to Trip Sponsor:



Student-Athlete Authorization for Disclosure of Protected Health Information

(For students under the age of 18)

I, _____, parent or guardian of _____ (the “student-athlete”), hereby authorize the physicians, athletic trainers, sports medicine staff, and other health care personnel representing Brightpoint Community College to release information regarding the student-athlete’s protected health information and related information regarding any injury or illness during the student-athlete’s training for and participation in athletics at Brightpoint Community College (the College). This protected health information may concern the student-athlete’s medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status and related individually identifiable health information. This protected health information may be released to other health care providers, hospitals, and/or medical clinics and laboratories, athletic coaches, athletic and/or College administrators, and medical insurance coordinators at the College (“College Officials”). Also, protected health and related information may be released to chaplains and/or clergy members regarding any injury or illness during the student-athlete’s training.

I understand that as a parent/legal guardian my authorization/consent to the disclosure of the student-athlete’s protected health information is required so that Health Care Personnel and College Officials can freely and fully discuss any medical condition that affects the student-athlete’s participation in club athletics at the College, and that failure to sign this form may affect the ability of the student-athlete to participate in club athletics at the College. I understand that the student- athlete’s protected health information is protected under the federal Health Insurance Portability and Accountability Act (“HIPPA”) and related regulations and may not be disclosed without my consent. I, the parent/legal guardian, understand that once information is disclosed per this authorization, the information is subject to re-disclosure by the recipient and may no longer be protected under HIPPA or federal law. I, the parent/legal guardian, understand that I may refuse to sign this authorization, but if I do, the College’s certified athletic trainer or physician is not allowed to discuss my son/daughter’s treatment information with any person other than the parent or legal guardian. I may revoke this authorization at any time by notifying the College’s College-wide Student Activities Coordinator in writing, but if I do, it will not have any effect on actions taken in regards to my prior authorizations. This authorization expires one year from the date of signature.

I may request a notice of the complete description of such uses and disclosures prior to signing this consent. I am aware that Brightpoint Community College may change the terms of this notice at any time, and I reserve the right to request a revised notice.

I have the right to request that Brightpoint Community College and/or Health Care Personnel restrict how the protected health information is used or disclosed to carry out treatment, payment or health care procedures/operations on my child. I understand that Brightpoint Community College and/or Health Care Personnel are not required to agree to the requested restrictions; however, Brightpoint Community College and/or Health Care Personnel do agree to a requested restriction, the restriction is binding on Brightpoint Community College and/or Health Care Personnel as the case may be.

Print student-athlete’s name _____ Parent or guardian’s signature _____

Date



Student-Athlete Authorization for Disclosure of Protected Health Information

(For students 18 years of age or greater)

I, _____, (the “student-athlete”), hereby authorize the physicians, athletic trainers, sports medicine staff, and other health care personnel representing Brightpoint Community College to release information regarding the student-athlete’s protected health information and related information regarding any injury or illness during the student-athlete’s training for and participation in athletics at Brightpoint Community College (the College). This protected health information may concern the student-athlete’s medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related individually identifiable health information. This protected health information may be released to other health care providers, hospitals, and/or medical clinics and laboratories, athletic coaches, athletic and/or College administrators, and medical insurance coordinators at the College (“College Officials”). Also, protected health and related information may be released to chaplains and/or clergy members regarding any injury or illness during the student-athlete’s training.

I understand that as the student-athlete my authorization/consent to the disclosure of my protected health information is required so that Health Care Personnel and College Officials can freely and fully discuss any medical condition that affects the student-athlete’s participation in club athletics at the College, and that failure to sign this form may affect the ability of the student-athlete to participate in club athletics at the College. I understand that the student-athlete’s protected health information is protected under the federal Health Insurance Portability and Accountability Act (“HIPPA”) and related regulations, and may not be disclosed without my consent. I, the student-athlete, understand that once information is disclosed per this authorization, the information is subject to re-disclosure by the recipient and may no longer be protected under HIPPA or federal law. I, the student-athlete, understand that I may refuse to sign this authorization, but if I do, the College’s certified athletic trainer or physician is not allowed to discuss my treatment information with any person other than myself. I may revoke this authorization at any time by notifying the College-wide Student Activities Coordinator in writing, but if I do, it will not have any effect on actions taken in regards to my prior authorizations. This authorization expires one year from the date of signature.

I may request a notice of the complete description of such uses and disclosures prior to signing this consent. I am aware that Brightpoint Community College may change the terms of this notice at any time, and I reserve the right to request a revised notice.

I have the right to request that Brightpoint Community College and/or Health Care Personnel restrict how protected health information is used or disclosed to carry out treatment, payment, or health care operations for me. I understand that Brightpoint Community College and/or Health Care Personnel are not required to agree to the requested restrictions; however, if Brightpoint Community College and/or Health Care Personnel do agree to a requested restriction, the restriction is binding on Brightpoint Community College and/or Health Care Personnel as the case may be.

Print student-athlete’s name

Student-athlete’s signature

Date



CERTIFICATION

I have filled out this packet truthfully and to the best of my knowledge. I understand that providing false information will impact my athletic eligibility at BCC and possibly any other transfer institution.

I understand that failure to provide any information requested releases Brightpoint Community College (BCC), the College-wide Student Activities Office, the Athletic Training Staff and consulting physicians from legal responsibility regarding recurrences or complications of any conditions not listed here.

SIGNED: _____ DATE: _____

BCC Student-Athlete

RECEIVED BY: _____ DATE: _____
BCC Coordinator
of Student
Activities