

**MACOMB COLLEGE ATHLETIC DEPARTMENT
STUDENT ATHLETE ENTRANCE PARTICIPATION
2011-2012 CHECKLIST**

NAME: _____ SPORT: _____

The following forms must be completed and turned into your coach by the due date.

ONLY COMPLETED PACKETS WITH ALL DOCUMENTS/SIGNATURES WILL BE ACCEPTED.

	Form	Due to	Due Date	Received
1.	Physical Form Must be dated after July 1 st , 2011	Coach	Before first day of try-out/practice	
2.	Insurance/Emergency Form Must be dated after July 1 st , 2011 Include a copy of your Insurance Card (<i>front & back</i>)	Coach	Before first day of try-out/practice	
3.	Student Athlete NJCAA Eligibility Affidavit	Coach	Before first day of try-out/practice	
4.	Student Athlete Entrance Survey	Coach	Before first day of try-out/practice	
5.	Sports Information Sheet	Coach	Before first day of try-out/practice	
6.	Copy of Insurance Card	Coach	Before first day of try-out/practice	
7.	Copy of Valid Drivers License or State ID	Coach	Before first day of try-out/practice	
8.	Copy of High School Diploma	Coach	Before first day of try-out/practice	

Have you completed the following?

	Description	YES	NO
1.	Sent in MCC application to Registration Office?		
2.	Taken your assessment testing in H-217?		
3.	Had a course planning session with a Counselor?		
4.	Set up your class schedule, if not see the Academic Coordinator – Holly Plieth		
5.	Transfer Students – Have you sent your college transcripts to the Macomb Enrollment Office?		

**MACOMB COLLEGE ATHLETIC DEPARTMENT
PREPARTICIPATION PHYSICAL EVALUATION
(To be completed by a Medical Doctor)**

Student Athlete's Name _____ Date: _____

Height _____ Weight: _____ Pulse _____ BP: _____
: _____ : _____

Vision: Right eye 20/ _____ Pupils: (circle one) Equal
Left eye 20/ _____ Unequal

Medical	Normal	Abnormal Findings	Initials
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulse			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/arm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not Cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print /type): _____ Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD ³
or DO

**MACOMB COLLEGE ATHLETIC DEPARTMENT
ATHLETIC INSURANCE/MEDICAL EMERGENCY INFORMATION**

**Complete all information. If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).
FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS**

ATHLETE INFORMATION

Name of Student Athlete: _____	Sport: _____
Student ID: _____	Date of Birth: _____
Home Address: _____	Phone: _____

PARENT INFORMATION

Father's Information	Mother's Information
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Home: _____	Home: _____
Work: _____	Work: _____
Cell: _____	Cell: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Medical Insurance Company or Plan: _____	Medical Insurance Company or Plan: _____
Address: _____	Address: _____
Policy Number: _____	Policy Number: _____
Phone: _____	Phone: _____
Is the company or plan listed above considered a: <input type="checkbox"/> Health Maintenance organization (HMO) <input type="checkbox"/> Preferred Provider Organization (PPO)	Is the company or plan listed above considered a: <input type="checkbox"/> Health Maintenance organization (HMO) <input type="checkbox"/> Preferred Provider Organization (PPO)
Is pre-authorization required to obtain treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is pre-authorization required to obtain treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your insurance or plan require a second opinion before surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your insurance or plan require a second opinion before surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER CONTACTS

Name of two relatives/neighbors who can be called in case of an emergency:			
Name	Home Phone	Work Phone	Cell Phone

I hereby authorize Macomb College and First Agency of Kalamazoo, Michigan to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photocopy of this authorization shall be deemed as effective and valid as the original. We authorize that the college or its insurance agent pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by the college.

Student Athlete's Signature: _____
 Parent's Signature (If Athlete is Under 18): _____

NJCAA Eligibility Affidavit

SPORT: _____ **Date:** _____

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

Name: _____ Birth Date __/__/____ Social Security #: ____-____-____
(First, Middle, Last)

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

Phone Number(s): _____ Email Address: _____

Personal Information:

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

Phone Number: _____ Parents' Names: _____

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): ____/____

*** Enclose a COPY of your High School Diploma or GED Certificate**

Additional Information:

1

21. Did you take any college credit classes while in high school? Yes* _____ No _____

* If yes, from what college(s)? _____

*** If yes, please furnish transcript(s) from each college.**

2. Have you ever signed a Letter of Intent form with any institution? Yes _____ No _____

If yes, specify the College: _____ Date (day/month/year): ____/____/____

3. 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: _____

4. Have you ever been red-shirted for a season? Yes _____ No _____

If yes, list when, where, and describe the situation. _____

Please continue on to the next page.

(NJCAA Eligibility Affidavit Continued)

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.

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.

7. Have you ever received money beyond expenses for participating in any athletic event? Yes _____ No _____ If yes, describe the situation.

List ALL Colleges Attended Full-Time and/or Part-Time after High School

All transcripts from all previous institutions must be included.

College: _____ Dates: _____ Full-time or Part-time? (circle one)

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College: _____ Dates: _____ Full-time or Part-time? (circle one)

College: _____ Dates: _____ Full-time or Part-time? (circle one)

Additional Explanations:

NOTE: If you attended college part-time or were not attending at all for any periods of time following high school graduation, please document your employment and military history during those times. If you were unemployed at any time, please list those dates as well. The NJCAA requires that we account for any time not enrolled full-time. Please use the space below. Please record months and years when referring to dates.

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

Student-Athlete Signature: _____ Date: _____

Coach Signature: _____ Date: _____

**MACOMB COLLEGE ATHLETIC DEPARTMENT
STUDENT ATHLETE ENTRANCE SURVEY
2011-2012**

BACKGROUND INFORMATION

Team: _____

Gender: Male Female

County of Residence: _____

High School G.P.A.: _____

Average number of hours studied per week in high school: _____

Your NCAA Clearinghouse status: Qualifier or Non-Qualifier

How did you hear about our athletic program? *(Check all that apply)*

Web Site

Other _____

Why do you want to participate in intercollegiate athletics at Macomb?

GOALS AND EXPECTATIONS

What role does intercollegiate athletics play in your academic plan?

List your expectations of Macomb's athletic program.

1. _____

2. _____

3. _____

Have you selected your academic major? Yes No What is it? _____

Are you planning on transferring to a four-year school? Yes No

If yes, which schools do you currently have in mind?

1. _____

2. _____

3. _____

GOALS AND EXPECTATIONS

What goals do you want to accomplish athletically while at Macomb?

What goals do you want to accomplish academically while at Macomb?

Associate's Degree Transfer Credits Certification Program Other _____

Which academic skills would you like to further develop while you are at Macomb? *(Check all that apply)*

Study College Transfer Eligibility Testing Research

Which career skills would you like to further develop while you are at Macomb? *(Check all that apply)*

Time Management Goal Setting Career Planning Resume Building

Are you interested in our peer-tutoring program? Academic support or tutor?

- Yes, I would be interested in peer tutoring for academic support.
 Yes, I would be interested in peer tutoring as a tutor.
 No, I am not interested in peer tutoring.

The Student Athlete Advisory Committee (S.A.A.C.) is a volunteer group of student athletes who participate in community-based events, similar to a High School Student Council.

Would you be interested in joining Macomb's S.A.A.C.?

Yes No

PLEASE RETURN TO SPORTS INFORMATION COORDINATOR

Student-Athlete Information Form – Please Fill Out Entirely.

2011-2012

SPORT _____ Date ____/____/____

NAME _____ HEIGHT _____ WEIGHT _____
First Middle Last

HOMETOWN _____

Parent's Names _____ (If deceased, indicate as such)

Athletic Eligibility at Macomb: FRESH / SOPH Academic Interest _____

High School _____ Year Graduated _____ GPA _____

Full Name of HS Coach _____ HS Varsity Letters in this Sport _____

Captain of HS team: YES / NO If yes, which season(s)? _____

Position(s) _____ Travel/AAU Team _____

Years of Travel/AAU Experience _____ Travel/AAU Coach _____

Hometown newspapers: _____, _____, _____

Were you chosen for any HS/Macomb honors in this sport (All-American, All-State, All-County, All-City, All-Conference, Team MVP, etc.) _____

Top individual or team performance in this sport in HS/Macomb (i.e. school scoring record, goals scored, home runs, district champs, etc.) _____

Other HS/Macomb sports you played and position _____

Individual or team honors won in other HS/Macomb sports _____

HS/Macomb academic honors _____

Other members of your family who played college sports (list name, school, sports, position, years to the best of your memory) _____

List additional hobbies _____

Please sign the form at the bottom of this page. Your signature grants the Macomb Community College Office of Sports Information and its coordinators permission to release pertinent information about you in regard to your pursuing athletic activities at Macomb Community College. Failure to sign this form will forfeit your right to be included on team rosters, appear in team media guides or program, or earn a varsity athletic award, regardless of whether you participate on any intercollegiate team at the College.

Student Athlete's Signature: _____