

**MACOMB COLLEGE ATHLETIC DEPARTMENT  
STUDENT ATHLETE ENTRANCE PARTICIPATION  
2008-2009 CHECKLIST**

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

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

	<b>Form</b>	<b>Due to</b>	<b>Due Date</b>	<b>Received</b>
1.	<b>Physical Form</b> Must be dated after July 1 <sup>st</sup> , 2008	Coach	Before first day of try-out/practice	
2.	<b>Insurance/Emergency Form</b> Must be dated after July 1 <sup>st</sup> , 2008 Include a copy of your Insurance Card (front & back)	Coach	Before first day of try-out/practice	
3.	<b>Student Athlete NJCAA Eligibility Affidavit</b>	Coach	Before first day of try-out/practice	
4.	<b>Student Athlete Entrance Survey</b>	Coach	Before first day of try-out/practice	
5.	<b>Sports Information Sheet</b>	Brent Biebuyck, SIC	Fall Sports – September 1 <sup>st</sup> Winter/Spring Sports – October 1 <sup>st</sup>	
6.	<b>Student Athlete Responsibility Sign-Off Sheet</b>	Margaret Cadieux, Athletic Director	Fall Sports - September 1 <sup>st</sup> Winter/Spring Sports – October 1 <sup>st</sup>	
7.	<b>Valid Drivers License or State ID</b>	Coach	Before first day of try-out/practice	
8.	<b>Copy of High School Diploma</b>	Coach	Before first day of try-out/practice	

**Have you completed the following?**

	<b>Description</b>	<b>YES</b>	<b>NO</b>
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.	Registered for the NCAA Clearinghouse, if not see the Academic Advisor – Coach Henry Washington		
5.	Set up your class schedule, if not see the Academic Advisor – Coach Henry Washington		
6.	<b>Transfer Students</b> – Have you sent your college transcripts to the Macomb Enrollment Office?		

**MACOMB COLLEGE ATHLETIC DEPARTMENT  
PREPARTICIPATION PHYSICAL EVALUATION  
( To be Completed by the Student Athlete)**

Date of Exam \_\_\_\_\_ Team: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency – contact

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

Phone ( Home): \_\_\_\_\_ (Work): \_\_\_\_\_ ( Cell): \_\_\_\_\_

**Explain “Yes” answers on next page. Circle questions you don’t know the answers to.**

	<b>YES</b>	<b>NO</b>
1. Have you had a medical illness or injury since your last check up?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
6. 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"/>
7. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any family member or relative died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you had a severe viral infection (i.e. myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has a physician ever denied or restricted your participation in sports for any heart problem?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have any current skin problems (i.e.) itching, rashes, acne, warts, fungus or blisters?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>

- 27. Do you have asthma?
- 28. Do you have seasonal allergies that require medical treatment?
- 29. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
- 30. Have you had any problems with your eyes or vision?
- 31. Do you wear glasses, contacts, or protective eyewear?
- 32. Have you ever had a sprain, strain, or swelling after an injury?
- 33. Have you broken or fractured any bones or dislocated any joints?

34. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?

If yes, check appropriate box and explain below.

- |                                   |                                    |                                     |
|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Head     | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Hip        |
| <input type="checkbox"/> Neck     | <input type="checkbox"/> Elbow     | <input type="checkbox"/> Thigh      |
| <input type="checkbox"/> Back     | <input type="checkbox"/> Forearm   | <input type="checkbox"/> Knee       |
| <input type="checkbox"/> Chest    | <input type="checkbox"/> Wrist     | <input type="checkbox"/> Shin, Calf |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hand      | <input type="checkbox"/> Ankle      |
|                                   | <input type="checkbox"/> Finger    | <input type="checkbox"/> Foot       |

- 35. Do you want to weigh  **More** or  **Less** than you do now?
- 36. Do you lose weight regularly to meet weight requirements for your sport?  Yes  No
- 37. Do you feel stressed out?  Yes  No

Record all the dates of your most recent immunizations (shots) for:

Tetanus \_\_\_\_\_

Measles \_\_\_\_\_

Hepatitis B \_\_\_\_\_

Chicken pox \_\_\_\_\_

**FEMALES ONLY**

- 1 When was your first menstrual period?  
\_\_\_\_\_
- 2 When was your most recent menstrual period?  
\_\_\_\_\_
- 3 How much time do you usually have from the start of one period to the start of another?  
\_\_\_\_\_
- 4 How many periods have you had in the last year?  
\_\_\_\_\_

Explain **All** "Yes" answers here.

---



---



---

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**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 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**

<b>Father's Information</b>	<b>Mother's Information</b>
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: \_\_\_\_\_

**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. 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)

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

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  
2008-2009**

**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*)

Recruited by Macomb Coach     Newspaper     Web Site

High School Coach                       Friend                       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.

2008-2009

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: \_\_\_\_\_