FOOTBALL APPLICATION MANUAL TO GET DONE BEFORE JUNE 15TH

‘COUNT ON ME’
Football Reporting Dates:

**Summer Blitz**

If you’re coming to SUMMER BLITZ: **JULY 10th** IS YOUR DAY TO REPORT. NOT EARLIER OR LATER.

Students living on campus may move into campus housing on Wednesday, July 10, 2013 any time between 10:00 am and 4:00 pm. There will be a required housing orientation at 6:30 pm on that day. Early arrivals will not be admitted into housing. There are hotels nearby in Hiawatha, KS or St. Joseph, MO.

**Instate/Returners Non Summer Blitz**

If you’re not coming to SUMMER BLITZ, you’re reporting day is **August 1st from 8:00 am to 2:00 pm.** Not earlier. You need to plan accordingly. You will report at the Wellness Center to start the process of moving in.

**Out of State Non Summer Blitz**

July 28th: will send more details soon.
Out of State Pickups:

July 10th:

We will have two runs to pick you up from the airport:

11:00 AM
1:45 PM

The airport code is MCI

YOU HAVE TO BE HERE BEFORE 2:00 PM ON JULY 10TH! NO EXCEPTIONS

IF YOU TAKE THE BUS, YOU NEED TO ARRIVE IN ST JOSEPH MISSOURI BUS STATION BEFORE TIMES ABOVE

JULY 28TH: WILL DEAL WITH ON INDIVIDUAL BASIS

IF YOU’RE NOT HERE DURING THOSE TIMES, YOU’RE RESPONSIBLE FOR MAKING ARRANGEMENTS TO GET TO HIGHLAND AND THE COST OF TRANSPORTATION.
Applying to School

1. Apply to School. We need your official high school transcript along with any official college work transcript. You can have it mailed to Highland from your counselor or have it emailed from your counselor or college to:
   a. Michel Scott: mscott@highlandcc.edu

2. We need your final high school transcript when you graduate mailed or emailed. You have to graduate from high school from an accredited High School.

3. We need any Standardized tests mailed to Highland. This includes ACT or SAT scores.

4. Kansas Residents: You need to sign up for an enrollment clinic: Copy this link and submit:
   https://highlandcc.edu/pages/early-enrollment

5. Summer Blitz: July 10th start: Opportunity to receive 6 hours of school for $800. You need to do 2012/2013 financial aid in order to see if you receive Pell Grant money. If you don’t, you have to pay cash/credit for this.
Our website address to complete everything online is:

www.highlandcc.edu
Apply

Before taking classes at HCC, you must:

1. Complete on-line Application for Admission Form or print, mail or fax an Application for Admission.
2. Review admission requirements.
3. Submit official high school transcripts.
4. Submit ACT scores (if taken). Placement Testing Information.

Send any information above to:

Admission's Office
Highland Community College
606 W Main
Highland, KS 66035

Highland Campus
Call: 785-442-6020
Email: Admission's Office
Fax: 785-442-6106

Regional Centers

• Technical Center
  913-307-6204 Email
• Atchison
  913-387-6204 Email
• HCC Online
  785-442-6129 Email
• Holton
  785-362-6000 Email
• Marysville
  785-582-5300 Email
• Perry
  785-597-0127 Email
• Sabetha
  785-284-377 Email
• Wamego
  785-456-6006 Email

Contact Numbers

Highland Campus
(785)442-6020
highland@highlandcc.edu

HCC Technical Center
(913)367-6204
achtison@highlandcc.edu

Atchison Center
(913)367-6204
achtison@highlandcc.edu

https://highlandcc.edu/pages/apply_0

5/9/2013
Online Application

User Information

Legal First Name *

Middle *

Legal Last Name *

Maiden or Other Name

Date of Birth *

Social Security Number *

Personal Information

Gender *

Male

Female

Permanent Address

Address *

Zip *

City *

State * -- Choose a state --

Country * United States

County *

Have you been a Kansas resident for 6 or more consecutive months? *

Yes

No

Cell Phone

Home Phone

Personal Email *
Confirm Personal Email *

Current Address (if different from Permanent Address)

Address
Zip
City
State -- Choose a state --
Country United States
County

Ethnicity *
C Hispanic or Latino
C Not Hispanic or Latino

Ethnic Origin
Select All That Apply
C American Indian or Alaska Native
C Asian
C Black or African American
C Native Hawaiian or Other Pacific Islander
C White

Are you a veteran? 
C Yes
C No

Are you a citizen? *
C Yes
C No

Is English your primary language? *
C Yes
C No

(English is the primary language of instruction at HCC. All students whose primary language is not English must show proficiency in English before being admitted).

General Information

Admission Requested For

Year * -- Choose year --

Term *
C Fall
C Spring
C Summer

Primary Location * -- Choose Location --

Are you seeking a degree from HCC? 
C Yes
C No

Degree seeking students are eligible to receive financial aid.

I do not intend to seek an HCC degree. I plan to

Status Upon Entry * -- Choose Status --
Available at the Highland Campus only

Housing Plans *
- Resident On-Campus
- Resident Off-Campus

Have you received a housing contract? *
- Yes
- No

Education Preparation and Plans

Did you receive (or will you receive) *
- High School Diploma
- GED Diploma

Date Received (or will be received) *

High School Attended *

High School City *

High School State *

High School Phone

Have you ever taken the following tests?
- ACT
- SAT

Did either of your parents earn a four-year college degree?
- Yes
- No

Previous Education

College/School Name
(List names of all colleges/schools previously attended) *

Scholarship and Award Application

Scholarships and Awards are offered on the main campus in Highland and The Technical Center in Atchison. Will You be attending one of these locations? *
- No
- Yes

Emergency Contact

Name

Relationship

Note: Official transcripts are required for all institutions attended prior to Highland Community College.
Home Phone
Alternate Phone
Address
Zip
City
State
Country United States

Other
Hometown Newspaper
Newspaper City
Newspaper State

How did you hear about HCC?

- Newspaper
- Radio
- TV
- Mailing
- Friend
- Website/Internet
- Billboard
- Alumni
- Twitter
- College Planning Conference
- High School Visit
- Email
- Facebook

If there is information relating to your situation that you feel would be helpful, explain here.

I hereby affirm that all the information is complete and correct, and that giving false information will make me ineligible for admission and enrollment. If admitted, I agree to observe the rules and regulations of Highland Community College.

By signing this application, I am giving Highland Community College permission to use photographic, video, and/or digital images taken of me, as well as quotes provided by me at its sole discretion, in any of its publications, advertisements, promotional materials, or...
In lieu of a signature, please indicate the color of your eyes.

Eye Color *

In keeping with the requirement of Title IX of the Education Amendments of 1972 in regard to sex discrimination and section 504 of the Rehabilitation Act of 1973 in regard to handicap discrimination as well as other applicable federal and state laws, Highland Community College follows a policy of nondiscrimination and equal opportunity in regard to all employment practices and to all educational programs and activities including student financial aid, recruitment, admission, housing, and placement. Inquiries regarding the application of these laws may be submitted to the Title IX, 504 Coordinator in the Administration Building.

Federal law prohibits Highland Community College from making inquiries regarding disability or medical condition prior to admission. Information regarding disabilities or medical conditions, voluntarily given or inadvertently received, will not affect any admissions decision. However, if you would, upon admission and acceptance, require special services, you may notify the Vice President of Student Services. This voluntary self-identification allows HCC to prepare for the effective delivery of programs, activities, and services to you. If provided, this information will be kept in strict confidence and will have no effect on your admission to HCC.

Highland Community College does not discriminate on the basis of race, color, national origin, sex, age, or handicap in admission or access to or treatment of employment in its programs and activities. For assistance or additional clarification please contact the Title IV Coordinator at 785-442-6000.

606 West Main
Highland, KS 66035
785-442-6000

Contact Numbers
Highland Campus
(785)442-6000
highland@highlandcc.edu

HCC Technical Center
(913)397-6204
adulac@highlandcc.edu

Atchison Center
(785)442-6000
at@hcc.ks.edu

Holton Center
(785)382-6000
holton@highlandcc.edu

Marysville Center
785.252.6202
marysvillo@highlandcc.edu

Perry Center
(785)937-5152
perry@highlandcc.edu

Sabetha Center
(785)294-7777
sabetha@highlandcc.edu

Wamego Center
(785)456-8008
wamego@highlandcc.edu

HCC Online
(785)442-6129
hoconline@highlandcc.edu

MyHCC/Email Login  Contact Us  Employee Directory  Support  Employment

Academics
Catalog
Admissions
Contact
Financial
Forms
Online
Course Access
Athletics
Facilities
Support
Student Network Info

https://highlandcc.edu/pages/online-application
Fields marked *** are required

Name Residents

First Name

Last Name

Address *

City *

State *

Zip *

Student Cell Phone *

Home Phone

Student Email *

Confirm Email *

Intended Major *

Choose a date to schedule your fall 2013 courses: *

- Wednesday, May 22, 2013 - 8:30 a.m.
- Wednesday, June 19, 2013 - 8:30 a.m.
- Wednesday, June 19, 2013 - 12:30 p.m.
- Thursday, July 11, 2013 - 8:30 a.m.
- Thursday, July 11, 2013 - 12:30 p.m.
- undefined

Submit
Applying to Housing

1. Apply twice for housing if you’re coming to the SUMMER BLITZ session. Fill out contract for Summer and fall. Submit Twice, one for each.
2. Pay your $150 deposit to hold your room. Most important item to do cause you can’t have a bed reserved without it. You can send in a check/money order or call business office at 785-442-6000 and pay over the phone.
3. If you have any questions: Email Director of Housing Brad Dixon at: bdixon@highlandcc.edu
Housing

Welcome to all prospective, new and returning students interested in HCC student housing. Highland Community College offers apartment style residential facilities. HCC has 22 different apartment complexes that can house up to 471 students. There are 2, 3 & 4 bedroom apartments available to students.

Living on campus can provide students with the opportunities to socialize, meet new people, get involved with a variety of activities, form relationships and learn about other cultures. Students who live on campus are more likely to complete their college education.

Brad Dixon
Director of Student Housing
785-442-6028
bdixon@highlandcc.edu

APPLY FOR HOUSING

Find Your Roomate

Housing Resources

- Resident Handbook (PDF)
- Airport Shuttle Schedule
- Housing Check-In
- What to Bring
- Housing Contract
- Housing Cancellations
- Summer Housing
- RA Contract (PDF)
Housing Contract

Housing assignments are made on a first come first serve basis.

A one-time housing deposit fee of $150 is required for all students desiring housing. Students will not be assigned to housing until the housing deposit is received.

Please be sure and read the terms and agreements of the housing contracts before signing. The terms and agreements are located on the back side of the housing contract and available online.

Students will receive a copy of their processed housing contract in the mail.

Housing Contract Terms & Agreements

Apply for Housing - click

Contact Numbers

Highland Campus
(785)442-6000
highland@highlandcc.edu

HCC Technical Center
(913)367-4204
admissions@highlandcc.edu

Holton Center
(785)362-6000
holton@highlandcc.edu

Marysville Center
785.292.8022
marysville@highlandcc.edu

Atchison Center
(913)367-6204
atchison@highlandcc.edu

Perry Center
(785)697-0127
perry@highlandcc.edu

https://highlandcc.edu/pages/housing-contract

5/9/2013
**Housing Contract Form**

Instructions:
1. Read entire contract carefully (including the terms and conditions section)
2. Please answer every item carefully
3. Send $150 Security Deposit. We must receive this before your contract will actually be accepted.

Return Deposit to:
Highland Community College
Director of Housing
606 W Main
Highland, KS 66035

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**Address**

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Gender
- Male
- Female

*Fill out ONLINE*

https://highlandcc.edu/pages/housing-contract-form

5/9/2013
Apply for Financial Aid

1. You need to fill out 2012/2013 financial aid if you’re coming to the SUMMER BLITZ and want to know if you’re eligible for PELL GRANT.
2. You have to fill out 2013/2014 financial aid for the fall/spring semesters coming up.
3. Highland’s School code is 001921. You have to put this in when you fill out the form online.
4. www.fafsa.gov.edu is the site to go to. Follow directions enclosed in this packet.
5. If you’re chosen for VERIFICATION, you will have to follow up and show forms that needed to complete the VERIFICATION process.
6. Fill out any forms as well that are required for Highland in regards to financial aid.
7. Any questions: Please contact Amy Lackey:
   a. alackey@highlandcc.edu
Financial Aid

Highland Community College recognizes that in today's economy, most families need help in financing the cost of higher education. HCC has developed a complete program of financial aid and scholarship options to meet your needs. Highland Community College offers assistance based upon academic achievement, special talents, and financial need.

In order to be considered for all types of federal financial aid administered by HCC, a student need only complete and submit the FAFSA. Applicants and parents may have to submit federal income tax return transcripts and other documents if selected for verification.

Chrisli Waggoner
Director of Financial Aid
(785) 442-6022
cwaggoner@highlandcc.edu

Amy Lackey
Financial Aid Assistant
(785) 442-6023
alackey@highlandcc.edu

Martha Gill
Financial Aid Assistant
(785) 442-6135
mgill@highlandcc.edu

Financial Aid Links

- 2012-2013 Financial Aid Disbursement Policy (PDF)
- 2011-2012 Satisfactory Academic Policy (PDF)
- How to Apply
- Financial Aid Online Application
- Financial Aid Checklist (PDF)
- Financial Aid Programs
- Financial Aid Forms
- Access Statement (PDF)
- ScholarshipHelp.org
- Scholarship/Awards
- Student Jobs
- Housing / Meal Plans
- Net Price Calculator
How to Apply

Seven Steps to Completing Financial Aid

1st STEP: Apply for Federal Financial Aid
Apply for Federal Financial Aid
Complete the FAFSA online at www.fafsa.gov.
Priority date: April 1st. HCC school code is 001921.

2nd STEP: Review your Student Aid Report (SAR)
You will receive a SAR approximately 3-4 weeks after you complete the FAFSA. Review information to be sure it is correct. If corrections need to be made, make the corrections online. If you have questions concerning your SAR, contact the processor at 800-433-3243.

3rd STEP: Complete Verification (If Selected)
If your application is selected for verification by the processor or by HCC, you must complete a Verification Worksheet, and/or provide student and parent US Federal Income Tax Return Transcripts and W-2’s, and any other documents requested. Resources provided below.

4th STEP: The Financial Aid Award Notification
Review, complete, sign, and return your Financial Aid Award Notification. Be sure to note those items you want to accept or decline. Return one copy to the HCC Financial Aid Office within 30 days and keep one copy for your records. This will be needed if enrolling regionally to show proof of payment. Other information included with notification is the Satisfactory Academic Progress Policy.

5th STEP: Federal Direct Loans
If you accept a Federal Direct Loan, you must complete an electronic Master Promissory Note. This can be found online at studentloans.gov. Funds cannot be disbursed without a completed promissory note. All first time borrowers must complete entrance counseling. This can be done online at studentloans.gov.

Transferring to HCC

https://highlandcc.edu/pages/how-to-apply
To transfer from one school to another, a student must add the new school's federal code to the FAFSA report. To do this, you must contact the government at 1-800-433-3243 and add HCC's code (001921) or you may go online (www.fafsa.gov) to add HCC's school code. Once this change has been processed by the government, HCC will then receive your financial aid information and begin the processing of aid. You may be asked to provide verification information as you did the prior school before an Award Notification is issued to you.

Review of other information

You must be in at least six credit hours to be considered for any student loan.
MEMO

TO: STUDENT ATHLETE
FROM: ATHLETIC DIRECTOR
HIGHLAND COMMUNITY COLLEGE

Enclosed within this packet are several forms that must be completed, signed, and returned to the Athletic Director's Office before practice will be allowed. **Please return by June 30, 2013.**

These forms relate to vital information which the Athletic Trainer must have on file before practice begins: Physical Examination Report and Athletic Participation History Form (white sheet), Sports Medicine Emergency Information Form (blue sheet) please attach a copy of the front and back side of your health insurance card to this form, the Full Acceptance of Risk Form (yellow sheet), and Substance Abuse Screening Voluntary Consent Form (pink sheet).

Please pay particular attention to the "**Letter for Future Reference**" (ivory sheet), as it explains policy and procedure of medical expense coverage. Note that all **athletes must show proof of insurance prior to practice and game participation.** Highland Community College will still have, as in the past, a secondary health insurance coverage for those costs not covered by the student athlete's insurance.

If you have any questions regarding the enclosed information please direct your questions to the Athletic Director by calling 785-442-6039 (office).

The first step towards a successful season is your attention to the paper work involved in this packet. **PLEASE RETURN All Paper Work PRIOR TO JUNE 30, 2013.** Your work-outs, practice, or game participation can not begin until all forms are properly completed, signed, and on file in the Athletic Director's office.

*****************************************************************************

**Items to be returned to ATHLETIC DIRECTOR prior to JUNE 30, 2013:**

♦ (1) Copy of the front and backside of your current active insurance card (make sure it is legible—NO FAXES, PLEASE)

♦ (2) White Sheet: Physical Examination Report/Athletic Pre-Participation History Form (original – no copy)

♦ (3) Blue Sheet: Sports Medicine Emergency Information Form

♦ (4) Yellow Sheet: Full Acceptance of Risk Form

♦ (5) Pink Sheet: Substance Abuse Screening Voluntary Consent Form
### Physical Examination Report

Name: ___________________________ Social Security #: ____________

Address: ____________________________

City: ___________________ State: _______ Zip: ____________

Athlete's Cell Phone Number: ____________________________

Sport: ___________________ Age: _______ Date of Birth: ____________

---

**To Be Completed By Physician:**

HT: _______ WT: _______

VISION: WITHOUT GLASSES: R: _______ L: _______

WITH GLASSES OR CONTACTS: R: _______ L: _______

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**PHYSICIAN'S RECOMMENDATIONS:**

- Full Activity
- Limited Participation (Explain)
- Clearance Withheld Until:
- No Athletic Participation

PHYSICIAN'S SIGNATURE: ___________________________ DATE: / / 20

PHYSICIAN'S PRINTED NAME: ___________________________ OFFICE PHONE #: ( )

BUSINESS NAME: ___________________________

*Please "STAMP" address in lower right-hand corner using official office printer.*
Policies & Procedures Concerning Medical Expense Coverage

A. All medical expenses for injuries sustained while participating in an athletic event (games, practices, weights) at HCC must first be submitted to the athlete’s primary insurance carrier, most notable would be parental insurance coverage through the parent’s employment under which the child is covered as a dependent. All athletes must show proof of current insurance at the beginning of each academic year in order to be eligible for participation. Any lapse of insurance coverage will result in ineligibility for athletic participation.

B. The HCC Athletic Department purchases an excess medical insurance policy which covers any expense not covered by your primary insurance policy when athletic related. Claims submitted to this policy must be accompanied by proof of payment or denial (explanation of benefits) from your primary insurance carrier.

C. HCC’s Head Athletic Trainer and/or Team Physician(s) will arrange for ALL medical treatments and services required for any athletic injury. Medical expenses incurred by a student-athlete for medical treatment and services obtained without prior authorization of HCC’s Head Athletic Trainer and/or Team Physician(s) will be the sole responsibility of the student-athlete and/or his or her parent(s)/guardian(s).

D. The athletes and/or their parent(s)/guardian(s) will be responsible for the payment of medical services regarding:
   1. Pre-existing and congenital medical conditions.
   2. Non-athletic related injuries.
   3. Illness (colds, flu, etc.).
   4. Medical conditions not related to HCC athletic participation.
   5. Medical expenses for athletic injury referral not authorized by the Head Athletic Trainer.

E. All arrangements for the treatment of athletic injuries must be made before the student-athlete graduates or withdraws from HCC. Responsibility for any medical expenses will not be accepted by HCC or HCC’s insurance representative after a period of one year following the date of injury.
Highland Community College  
Sports Medicine Emergency Information

Name of Athlete ____________________________________________

Athlete's Date of Birth __/__/____  Athlete's Social Security # ________-______-_______

Athlete's Cell Phone Number __________________________________

Medical Problems ____________________________________________

EMERGENCY CONTACT:

Parent/Guardian(s) Name ______________________________________

Address ______________________________________________________

City __________________________ State __________ Zip __________

Home Phone # ( ) ______________________ Cell Phone # ( ) _________

Father's Employer ____________________________________________

Employer's Address __________________________________________

Phone # ______________________________________________________

Mother's Employer ____________________________________________

Employer's Address __________________________________________

Phone # ______________________________________________________

MEDICAL/HEALTH INSURANCE INFORMATION

(As Printed on the Policy)

Name of Policy Holder _________________________________________

Name of Insurance Company __________________ Insurance Co. Phone ( ) _________

Address ______________________________________________________

City __________________________ State __________ Zip __________

Policy Holder's Social Security # __________ Policy Holder's Date of Birth __________

Insurance Group # or Policy # _____________________________________

RELEASE OF INFORMATION: I hereby authorize any insurance company, hospital, physician, employer 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 coverages, medical history, consultation, prescription or treatment, and copies of all hospital or medical records and itemized bills for the above listed athlete. A photostatic copy of this authorization shall be considered as effective and valid as the original.

AUTHORIZATION TO PAY BENEFITS TO PROVIDER: I authorize payment of medical benefits to the Physician or Supplier of Services for the above listed athlete.

FILING AUTHORIZATION: I hereby authorize Highland Community College's Sports Medicine Department to file a claim, on my behalf, under the above listed medical insurance policy in the event of any athletic injury or illness sustained by the above named student athlete.

I, the undersigned;
1. Hereby affirm the above information is true and correct to the best of my knowledge.
2. Hereby affirm that I have read and understand the above information, and I agree to each and every provision.
3. Hereby affirm that I have received, reviewed, and understand the POLICIES & PROCEDURES CONCERNING MEDICAL EXPENSE COVERAGE for student athletes at Highland Community College.
I hereby authorize Highland Community College to utilize the policy when deemed necessary.

Signature of Policy Holder ________________________________ Date __________

Signature of Student Athlete _______________________________ Date __________

Be sure to attach a copy of your insurance card, both front and back.
FULL ACCEPTANCE OF RISK

Participation in the sport of ____________________________ at Highland Community College requires an acceptance of risk of injury. Participation in your sport could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being.

Minor and moderate injuries are very common in athletics and every participant is very likely to sustain an injury during his/her athletic career. Minor and moderate injuries in athletics include (but are not limited to) sprains, strains, contusions, abrasions, and lacerations.

However minor or severe an injury, you must report all injuries to the athletic trainer for proper inspection, treatment, and possible referral to a physician. Failure to comply will place the entire outcome of the injury in your own hands.

Protective equipment and preventative taping is available to athletes as needed in each sport. You must be aware that protective equipment and preventative taping will NOT PREVENT ALL INJURIES FROM OCCURRING! To maximize the effectiveness of protective equipment inspect it daily and exchange all defective equipment. Make sure all equipment is properly adjusted and worn during all games and practices.

I have read the preceding and certify that I am physically fit to participate in the sport of ____________________________ at Highland Community College. I fully KNOW, UNDERSTAND, and APPRECIATE the risks inherent in this sport, and I VOLUNTARILY participate in this activity. I hereby release all Highland Community College coaches, trainers, and school officials for negligence resulting in injury and liability for any injury I sustain while participating in this extracurricular activity.

Name of Student Athlete (Please Print) ____________________________

Signature of Student Athlete ____________________________ Date ____________

Signature of Parent (If student athlete is under 18 years of age) ____________________________

Date ____________
I understand that Highland Community College has a substance abuse policy for the purpose of education prevention, detection and deterrence of substance use and abuse. I agree to submit to drug screening and testing as defined in their Substance Abuse Policy. I understand that upon request to the Athletic Director, I can receive a copy of the Substance Abuse Policy.

Print Name: __________________________________________________________

________________________________________  __________________________
Signature                                      Date