

**SEMINOLE STATE COLLEGE
STUDENT ATHLETE INFORMATION & CONSENT FORM**

PLAYER INFORMATION

Check one: Baseball Basketball Golf Softball Tennis Volleyball

Check one: Female Male **Check one:** Freshman Sophomore

Name (First, Middle, Last):

Date of Birth: SSN: SSC ID#:

Current Address: City: State: Zip:

Home Phone: Cell Phone:

SSC E-mail address: Other E-mail address:

PARENT/GUARDIAN INFORMATION

Father's name: Mother's name:

Father's address: Mother's Address:

Phone (h): Phone (c): Phone (h): Phone (c):

City: State: Zip: City: State: Zip:

E-mail address: E-mail address:

Emergency Contact Name: Emergency Contact Phone #:

EDUCATION

Name of High School:

City: State: Graduation Date:

Name of College: Semester(s) attended:

Name of College: Semester(s) attended:

DISCIPLINARY INFORMATION

Have you ever been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Have you ever been found guilty of a misdemeanor other than a traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Have you ever been expelled or suspended from any academic institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____

If you answered yes to any of the questions above, please explain:

CONSENT TO MANDATORY DRUG TESTING

I understand that to participate in intercollegiate athletics, I will be required to submit to mandatory drug testing through urine specimen collection and analysis. I further agree and consent to the disclosure of the records and test results relating to this analysis to be released to the Director of Athletics, Head Coach, or other designated college representative in order that my eligibility to participate in the athletic program can be determined. I also certify that I have received a copy of the Seminole State College Drug Testing Policy and Guidelines for student athletes and I have read and understand the requirements of the policy and guidelines in order to participate in intercollegiate athletics.

Signature of Student Athlete (If under 18 a parent/guardian must sign)

Date

ACKNOWLEDGEMENT OF ACCIDENT INSURANCE DEDUCTIBLE

The College purchases accident insurance for student-athletes that provides coverage only for accidents which occur during games and supervised practices/workouts. The accident policy carries of \$500 deductible that must be paid by either the student or the student's primary insurance coverage before any claim can be filed. It is the responsibility of the student to submit documentation to the College that verifies that the \$500 deductible has been paid. In the absence of documentation of payment of the \$500 deductible, the College cannot file a claim on the accident insurance policy. In the case of illness or non-athletic related injury, any costs related to the treatment are wholly the responsibility of the student. Neither the College nor the Athletic Department provides health insurance for student athletes.

I certify that I have read, understand and accept the details provided above relating to accident insurance and the lack of health insurance for student athletes.

Signature of Student Athlete (If under 18 a parent/guardian must sign)

Date

PRIMARY INSURANCE INFORMATION

Insurance Company:

Policy Number:

Insurance Company Address:

City:

State:

Zip:

Policy Holder's Name:

Group Number:

I do not have primary insurance coverage.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I give my consent for emergency medical treatment should a medical emergency occur while I am a student athlete at Seminole State College. I understand that my signature gives permission to members of the Seminole State College coaching staff or a college official to authorize treatment and to transport me by emergency vehicle to a physician or medical care facility for treatment of an injury or illness. I also understand that I will be held responsible for all medical treatment costs associated with any non-game or non-practice related injuries that may occur.

Signature of Student Athlete (If under 18 a parent/guardian must sign)

Date

CONSENT FOR ACCESS TO HOUSING & ENFORCEMENT OF TEAM RULES

I agree to abide by the rules set forth by the college, the Athletic Department and my team regardless of scholarship or non-scholarship status. I agree to allow complete access to coaches and SSC officials to my on-campus residence for the purpose of enforcing team rules and curfews and for inspection of cleanliness, damage to the premises and evidence of substance abuse.

Signature of Student Athlete (If under 18 a parent/guardian must sign)

Date

CONSENT TO PROVIDE INFORMATION TO PARENT(S)/GUARDIAN

I give my permission for my head coach or the Seminole State College Director of Athletics to release my information to my parents or legal guardian regarding my academic performance or any disciplinary actions involving me while I am attending the College and considered a member of an intercollegiate athletic team. Seminole State College, its Board of Regents, its officers, employees and agents are hereby released from legal responsibility or liability for the release of such information and records as authorized by this document.

Signature of Student Athlete (If under 18 a parent/guardian must sign)

Date