

BOARD OF TRUSTEES OF COMMUNITY COLLEGE DISTRICT NO. 508

County of Cook and State of Illinois

**RESOLUTION
TO ADOPT A DISTRICT ATHLETIC PARTICIPATION POLICY**

- WHEREAS,** The District desires to adopt a uniform policy regarding participation in Intercollegiate and Club Athletics concerning Student Athletes that may be at risk due to physical impairments.
- WHEREAS,** It is a goal of the District to encourage all eligible students to participate in athletic activities to ensure a broad and diverse educational experience. Further, the District recognizes its responsibility to ensure the safety and well being of all students.
- WHEREAS,** The purpose of the Policy is to establish uniformity throughout the District with respect to Athletics, to ensure appropriate pre-participation physicals delivered by a Licensed and Board Certified Physician, to establish a mechanism for review of opinions rendered by evaluating physicians, to enhance communication throughout the District and to avoid potential litigation which may be brought against the District and its Officers.
- WHEREAS,** The District seeks to enhance communication among the member Colleges with respect to Student Athlete exposures and provide a mechanism to ensure uniformity.
- WHEREAS,** The adoption of the attached Athletic Participation Policy which would apply to all member Colleges within the District offering Intercollegiate Sports and Club Sports under the jurisdiction of the National Junior College Athletic Association.
- WHEREAS,** The Policy establishes a District Review Committee comprised of the Director of Risk Management, the District Athletic Directors/Deans, Staff Counsel and the President of the College enrolling the impacted Student Athlete.
- WHEREAS,** The Policy defines a process whereby all prospective Student Athletes may seek to participate in Athletics sponsored by the District.
- WHEREAS,** The Policy provides definitions as to the terms and parties involved with Athletic Participation throughout the District and delineates responsibilities of all parties, including the Student Athlete as to the process.
- WHEREAS,** The Policy creates uniform required documents to address pre-participation physical results, medical history, waivers, contact information and other essential documents.
- WHEREAS,** The Policy provides a clear communication from the examining physician as to the circumstances under which the Student Athlete may be permitted to participate and provides for an Appeal process of decisions rendered by the District Review Committee.
- WHEREAS,** The Policy provides a uniform Participation Waiver to be executed by all Student Athletes and recites the documents, forms and other requirements of the Athletic Participation Policy shall apply to all Intercollegiate Varsity and Intercollegiate Club Teams throughout the District with respect to all Student Athletes seeking participation in District sponsored athletic activities.

NOW, THEREFORE, THE BOARD HEREBY:

1. Adopts Attachment 1 ("Athletic Participation Policy"), as if fully set forth herein, as a statement of District Athletic Policies which shall be supplementary to any and all other policies adopted by the Board by Resolution or Board Rules.
2. Authorizes the Chancellor or designee to publish and offer the aforementioned District Athletic Participation Policy to all interested registered students of the District.
3. Establishes July 15, 2004 as the effective date of the District Athletic Participation Policy.

CITY COLLEGES OF CHICAGO ATHLETIC PARTICIPATION POLICY

1.0 AUTHORITY

The Board of Trustees, of Community College District No. 508, County of Cook, State of Illinois, (hereinafter referred to as "the Board") is a body politic and corporate established pursuant to the provisions of the Illinois Community College Act, 110 ILCS, 805/1-1, *et se.* (hereafter referred to as the "State Act") with powers and duties stated in the State Act. The Board has the jurisdiction over Community College District No. 508 (hereinafter referred to as "the District") whose territory is conterminous with the corporate boundaries of the City of Chicago (hereinafter referred to as the "City"). The Board currently operates a community college system known as the City Colleges of Chicago which consists of seven separately accredited colleges (hereinafter referred to collectively as "the Colleges") located in various areas of the District.

2.0 ADOPTION OF POLICIES, AGREEMENTS AND GUIDELINES

In accordance with Board Rules for Management and Government adopted August 6, 2003, the Board may adopt, from time to time, policy statements, guidelines, procedures, regulations, collective bargaining agreements, codes of conduct, or similar documents issued for the governance of the Board, the District and the Colleges. Except where otherwise prohibited by law, these Rules, or resolutions of the Board, the Board may permit the Chancellor to establish procedures, review and approve appropriate publications prior to their dissemination.

3.0 PURPOSE

Community College District No. 508, County of Cook, State of Illinois know as the City Colleges of Chicago is desirous of establishing a uniform, District wide Policy to address student participation in intercollegiate varsity, and intercollegiate club athletics whereby a student may be placed at risk due to a diagnosed medical impairment. It is a goal of the District to encourage all eligible students to participate in such activities to ensure a broad and diverse educational experience. Further, the District recognizes its responsibility to ensure the safety and well being of all students.

4.0 DISTRICT POLICY COMMITTEE

The Policy Committee shall be comprised of the Athletic Directors of each of the District's Colleges, the Director of Risk Management and a member of the General Counsel's legal staff. The Policy Committee is charged with the initial drafting of an Athletic Participation Policy and shall monitor compliance. Further, the Policy Committee may recommend amendments required over the course of time.

5.0 DISTRICT REVIEW COMMITTEE

The Review Committee shall be comprised of the Athletic Directors of each of the District's Colleges, the Director of Risk Management, a member of the General Counsel's legal staff and the College President enrolling the student seeking athletic participation. The District Review Committee shall convene at least once per calendar year and on

other occasions as required by circumstances of student athlete physical examinations reflecting medical impairment.

6.0 DEFINITIONS

- 6.1 Board of Trustees – Seven voting members appointed by the Mayor of Chicago, with the approval of the City Council of Chicago. One non-voting student member from among the student body of one of the Colleges.
- 6.1 Chancellor – An individual appointed by a vote of the majority of the Board and serves as the Chief Administrative Officer of the District.
- 6.2 General Counsel – An individual upon recommendation by the Chancellor to the Board, serves as the Chief Legal Officer and Freedom of Information Officer of the District.
- 6.3 College President – An individual upon recommendation by the Chancellor to the Board, serves as the Chief Administrative Officer of the College and is responsible for overall performance of the College, student performance and for leadership and management of the operations, programs, personnel and services of the College.
- 6.4 Legal Staff – An Attorney serving on the direct staff of the General Counsel.
- 6.5 Director of Risk Management – An individual serving the District whose principal responsibility is the management of risk exposures facing the District inclusive of General Liability, Property, Employment, Personal Injury, Directors’ and Officers’ Liability, Auto Liability, Loss Prevention and other Programs designed to ensure the safety of Students, Faculty, Administrators and guests of the District.
- 6.6 Officers of the District – A committee of the District’s senior management, inclusive of the Chancellor, General Counsel, College Presidents, and Vice Chancellors.
- 6.7 Athletic Directors – Individuals serving each College who are responsible for the oversight and management of all athletic programs inclusive of supervision of team coaches, budgets, compliance and other activities necessary to ensure athletic participation consistent with District policy and other governing board regulations.
- 6.8 Coach – An individual assigned or hired to manage and administer an intercollegiate varsity or intercollegiate club level sport at a District College. The Coach shall be primarily responsible for ensuring pre-participation physical examinations by a qualified Licensed Board Certified Physician, tryout activities, selection of the squad, conditioning, training and coaching activities. Further, the Coach shall be responsible for the safety and well being of participating student athletes and team staff members during travel, practice and competition events. The Coach reports directly to the College Athletic Director, who in turn reports to a Vice President or to the College President.

7.0 REQUIRED FORMS

- 7.1 Intercollegiate Athletic Participation Application (form CCC/AD-01) - Prior to participation of any kind in an intercollegiate varsity sport or intercollegiate club sport, each student must complete an Application to Participate. If the student is a minor, a parent or guardian must execute the document in addition to the student.
- 7.2 Academic Eligibility (form CCC/AD-02) - Prior to participation of any kind in an intercollegiate varsity sport or intercollegiate club sport each student must complete an Academic Eligibility Statement.
- 7.3 Certifications (form CCC/AD-03) - Prior to participation of any kind in an intercollegiate varsity sport or intercollegiate club sport each student must execute Certifications asserting Academic Responsibility, Physical Examination, Insurance Verification, Team Travel, Participant's Risk, and a Drug Free Athletic Program.
- 7.4 Pre-participation Athletic Examination (form CCC/AD-04) - Prior to participation of any kind in an intercollegiate varsity sport or intercollegiate club sport each student must be examined by a Licensed Board Certified Physician {certified by The American Board of Medical Specialties (ABMS) or one of the twenty four (24) member medical specialty boards} who is a qualified health care professional licensed to administer physical examinations. The results of the examination shall be documented in writing on this particular form as prescribed by the District.
- 7.5 Insurance Verification (form CCC/AD-05) - Prior to participation of any kind in an intercollegiate varsity sport or intercollegiate club sport, each student must complete an Insurance Verification Form reciting all health insurance policies currently insuring the participant. Further, each prospective participant is encouraged to obtain health insurance prior to participation in athletic conditioning, practice and competition.
- 7.6 Emergency Contact (form CCC/AD-06) - Prior to participation of any kind in an intercollegiate varsity sport or intercollegiate club sport, each student must complete an Emergency Contact Form stating the individuals to be notified in the event of injury to the participant.
- 7.7 Waiver of Liability and Hold Harmless Agreement (form CCC/AD-07) - Prior to participation of any kind in an intercollegiate varsity sport or intercollegiate club sport, each student must complete a Waiver of Liability and Hold Harmless Agreement. If the student is a minor, a parent or guardian must execute the document in addition to the student.
- 7.8 Consent (form CCC/AD-08) - Prior to participation of any kind in an intercollegiate varsity sport or intercollegiate club sport, each student must complete a Consent. If the student is a minor, a parent or guardian must execute the document in addition to the student.
- 7.9 Physical Impairment Accommodation and Terms of Participation (form CCC/AD-09) After having been diagnosed with a physical impairment that may place the student athlete at risk, should he or she elect to participate in an intercollegiate varsity sport or intercollegiate club sport, each student must complete a Physical Impairment Accommodation and Terms of Participation form. The student's Parent, Guardian or Spouse must also execute the form.

8.0 PROCESS

- 8.1 Prior to participation of any kind in an intercollegiate varsity sport or intercollegiate club sport, each student must comply with the requirements outlined in Section 6.
- 8.2 Should a prospective student athlete be diagnosed by a Board Certified Physician with a medical impairment that places the student athlete at risk, the Coach shall consult with the Athletic Director of the College.
- 8.3 Should the examination results express serious medical impairment with recommendation of the Licensed Board Certified Physician conducting the physical examination denying permission to participate, then the Athletic Director shall in turn reject the opportunity for the student athlete to participate on the basis of preserving the safety, health and welfare of the student athlete. The Student Athlete shall have the right to Appeal to the District Review Committee upon presentation of medical justification for participation. The District Review Committee shall be advised in written form of each denial of participation.
- 8.4 Should the examination results express reasonable means by which the medical impairment may be cured to minimize risk to the student athlete, the Athletic Director shall present the facts to the District Review Committee.
- 8.5 The District Review Committee may engage the services of a Physician Specialist who is expert in the field of medicine directly associated with the identified student athlete's medical impairment. The District Review Committee may rely upon the expertise and recommendation of the Physician Specialist to uphold or to refute the position of the Board Certified Physician rendering the original physical examination. The expense for such review by the Physician Specialist shall be incurred by the Student Athlete. Under extraordinary circumstances and upon the recommendation of the District Review Committee, the subsequent examination may be paid by the College enrolling the Student Athlete.
- 8.6 Should the Student Athlete elect to engage the services of a Physician Specialist referred by the Examining Physician, the Student Athlete shall bear the expense of such examination and opinion.
- 8.7 No student athlete denied participation on the basis of a medical impairment shall seek admission to any other College within the District for the purpose of circumventing this Policy. If transfer is sought for academic purposes, the student athlete shall be granted the status of all other students seeking admission.
- 8.8 Should the medical condition of the student athlete improve over time as substantiated by a written report prepared by a Licensed Board Certified Physician, the student athlete shall be granted the opportunity to participate in the process at a future date.

9.0 DUTIES

- 9.1 Student Athletes – All students seeking to participate in an intercollegiate varsity sport or intercollegiate club sport shall comply with the requirements of this Athletic Participation Policy. Each student athlete shall assume primary responsibility for personal safety, health and well being.
- 9.2 Athletic Director/ Deans – Shall manage and provide oversight of all athletic activities sponsored by the College. The Athletic Director shall comply with all NJCAA regulations regarding athletic eligibility and participation, District Requirements concerning athletic affairs and shall serve as a member of the District Policy Committee and the District Review Committee. The Athletic Director is principally responsible for ensuring compliance with the Athletic Participation Policy. The Athletic Director shall consult with the Coach as required and facilitate discussion with the student athlete at risk due to a diagnosed physical impairment.
- 9.3 Coaches – Shall manage and administer an intercollegiate varsity or intercollegiate club level sport at a District College. The Coach shall be primarily responsible for ensuring compliance with all administrative rules and the conduct of the sport. The Coach shall serve as a member of the District Policy Committee and the District Review Committee. The Coach shall consult with the Athletic Director as required and participate in discussions with the Athletic Director and the student athlete at risk due to a diagnosed physical impairment.
- 9.4 Review Committee – Shall convene and hear matters of participation associated with student athletes at risk due to a diagnosed physical impairment.
- 9.5 Officers of the District – Shall receive, debate and approve Policy recommendations provided by the District Policy Committee. The Chancellor shall in turn provide a recommendation to the Board of Trustees.
- 9.6 Board of Trustees – Shall adopt an Athletic Participation Policy to ensure the safety and well being of student athletes while providing the opportunity to all students to participate with reasonable accommodations as may be required.

10.0 POLICY APPLICATION

The stated Policy shall apply to all individuals seeking participation in any intercollegiate varsity or intercollegiate club sponsored by the District Colleges.

11.0 APPEAL OF DECISION

The decisions and recommendations rendered by the Review Committee shall be considered final and may only be appealed to the Chancellor provided that adequate cause for such consideration is demonstrated in advance of a hearing.

12.0 DISTRIBUTION OF THE POLICY

It shall be the duty and responsibility of each Athletic Director to disseminate this Policy to all members of the coaching staff and post this Policy in a prominent location for the

review by all eligible students seeking participation on any intercollegiate varsity or intercollegiate club team.

13.0 NOTICE OF OCCURRENCE

After consent by the Review Committee, should injury occur, it shall be the responsibility of the Coach to complete an Injury Report and to notify the respective Athletic Director who will in turn advise the College President and the Director of Risk Management of such injury. It shall be the responsibility of the Director of Risk Management to notify the appropriate Insurance Broker, the Insurance Carrier and the General Counsel. The General Counsel shall in turn advise the Chancellor of the incident.

14.0 EXPENSE OF EXAMINATIONS

The expense associated with a pre-participation physical rendered by a qualified Licensed Board Certified Physician shall be funded by the Athletic Department of each College. Payment for such services shall be made directly to the provider or by reimbursement to the student athlete.

15.0 AUTHORIZED PHYSICIANS

All prospective student athletes must complete a physical examination performed by a Licensed Board Certified Physician {certified by The American Board of Medical Specialties (ABMS) or one of the twenty four (24) member medical specialty boards} who is a qualified health care professional licensed to administer physical examinations.

16.0 PROTECTIVE GEAR

The student athlete shall execute a written Consent Form to wear protective gear during all participation as prescribed by the Board Certified Physician thus ensuring all precaution has been exercised by the District and the College to prevent injury. Equipment necessary to ensure safety of a student athlete diagnosed with a physical impairment and granted permission to participate may be arranged for by the College. All associated expense for the protective gear shall be the responsibility of the student athlete.

17.0 NOTICE TO CARRIER

The Director of Risk Management shall provide notice to the Broker and to the Insurance Carrier of any incident involving injury to a student athlete. Such notice shall be delivered in a timely manner and requires the Director of Risk Management to serve as a liaison between the injured student athlete, the Athletic Director, the Coach, the Broker and Insurance Carrier to facilitate health care that may be required by the student athlete.

18.0 COOPERATION WITH INSURANCE CARRIER

Any student athlete suffering injury during tryout activities, conditioning, training, practice or competition shall fully cooperate with the Athletic Director, the Coach, the Director of Risk Management, the Insurance Broker, the Insurance Carrier, medical providers and others assigned to assist with treatment, recovery and rehabilitation.

19.0 RETURN TO PARTICIPATION

The injured student athlete shall not return to athletic participation until such time that a Licensed Board Certified Physician has provided to the Athletic Director a full release for return to athletic participation without restrictions beyond those that may have enabled the initial participation in the intercollegiate varsity or intercollegiate club or intramural team sport.

20.0 MEDICAL INFORMATION RELEASE

Each athlete participating in an intercollegiate varsity team or intercollegiate club team shall execute a Medical Information Release (form CCC/AD-08) prior to participation of any kind.

21.0 PHYSICAL IMPAIRMENT ACCOMMODATION AND TERMS OF PARTICIPATION

Each athlete appearing before the District Review Committee and granted the permission to participate in an intercollegiate varsity team or intercollegiate club team shall execute a Physical Impairment Accommodation and Terms of Participation (form CCC/AD-09) prior to participation of any kind. The document shall be provided to the Director of Risk Management, reviewed by the Insurance Carrier and approved by the Office of the General Counsel.

22.0 ADVISING

Upon consent of the Licensed Board Certified Physician and concurrence of the Review Committee, the student athlete diagnosed with a physical impairment may participate in an intercollegiate varsity team sport or an intercollegiate club team sport provided that the student athlete has undergone joint discussion with the respective Athletic Director and Coach with respect to participation, given the diagnosed physical impairment. The parties shall execute a written certification (form CCC/AD-09) as to the advising session and the Athletic Director shall retain the document together with all other supporting documentation in the student athlete's file.

23.0 WAIVER

Following discussion provided by the respective Athletic Director and Coach, the student athlete granted permission to participate, shall execute a Waiver (form CCC/AD-07) provided by the District. All Student Athletes participating in intercollegiate varsity or intercollegiate club sports shall be required to execute this same Waiver. Should the student athlete be a minor, the Waiver shall be executed by the student athlete and a parent or guardian.

24.0 NATIONAL JUNIOR COLLEGE ATHLETIC ASSOCIATION (NJCAA)

The respective Athletic Director shall complete and in a timely manner provide the necessary Certifications for each intercollegiate varsity and intercollegiate club sport to the NJCAA inclusive of academic eligibility, physical examination results and other certifications as required under the Eligibility Rules of the National Junior College Athletic Association.

**CITY COLLEGES OF CHICAGO
INTERCOLLEGIATE ATHLETIC PARTICIPATION
APPLICATION**

COLLEGE

Name (last)	Name (first)	Middle Initial
Address	City	State, Zip
Telephone	Cell Phone	Social Security #
High School Attended	High School Address	Date of Graduation
G.E.D. (circle one) yes no	Date of G.E.D.	Date of Birth

College Attended	Location	Attendance Dates	Athletic Teams:	# yrs. Participation
College Attended	Location	Attendance Dates	Athletic Teams:	# yrs. Participation
College Attended	Location	Attendance Dates	Athletic Teams:	# yrs. Participation
College Attended	Location	Attendance Dates	Athletic Teams:	# yrs. Participation

OFFICIAL TRANSCRIPTS MUST BE SUBMITTED FOR ALL INSTITUTIONS ATTENDED

CERTIFICATION

1. I am an amateur and have never contracted to play on a professional team, nor have I received any money or gifts from a professional team.
2. I will abide by all of the rules of the City Colleges of Chicago, _____ College and the rules of the National Junior College Athletic Association (NJCAA).
3. I will notify the Coach or Athletic Director of any change that may affect my athletic eligibility.
4. I understand that any information falsely provided or concealed that is pertinent to my eligibility constitutes a violation of NJCAA Certification of Eligibility and I will be subject to disciplinary action and may cause future loss of eligibility to participate in collegiate athletics.

Student's signature attesting that all information provided is accurate	Date
Parent's signature if the Student is not 18 years of age at date of signing	Date

CCC/AD-01

**CITY COLLEGES OF CHICAGO
ACADEMIC ELIGIBILITY
TIME AND ACTIVITY ACCOUNTABILITY**

COLLEGE

You must provide information regarding your activities from the date of High School graduation, or if you earned a G.E.D., the last date enrolled in High School up to the present. An official transcript must be submitted to the Office of the Registrar for every College, University or Trade School attended. If you were serving a church mission you must submit, on church stationary, a letter from the supervising official verifying your participation. If you were in the Military, you must submit a DD214. If you were employed, you must provide the exact dates of employment and state whether you worked full or part-time. If you were not employed and not working, you must submit a written statement of your activities during that period of time.

Date of High School Graduation or Date last attended High School: _____

Date following departure from High School: _____	I was Employed _____ I was Unemployed _____ I was serving in the Military _____ I was enrolled in School _____ Other _____	Until this date: _____
Date following departure from High School: _____	I was Employed _____ I was Unemployed _____ I was serving in the Military _____ I was enrolled in School _____ Other _____	Until this date: _____
Date following departure from High School: _____	I was Employed _____ I was Unemployed _____ I was serving in the Military _____ I was enrolled in School _____ Other _____	Until this date: _____
Date following departure from High School: _____	I was Employed _____ I was Unemployed _____ I was serving in the Military _____ I was enrolled in School _____ Other _____	Until this date: _____
Date following departure from High School: _____	I was Employed _____ I was Unemployed _____ I was serving in the Military _____ I was enrolled in School _____ Other _____	Until this date: _____

CERTIFICATION: I certify the above information is true and accurate.

Student's signature attesting that all information provided is accurate _____	Date _____
Parent's signature if the Student is not 18 years of age at date of signing _____	Date _____

**CITY COLLEGES OF CHICAGO
CERTIFICATIONS**

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COLLEGE

ACADEMIC RESPONSIBILITY

As a student it is essential that you make satisfactory progress toward completing an Associate Degree at a member institution of the City Colleges of Chicago. As a student athlete you will be required to enroll as a full-time student and maintain that status through the entire athletic season of your sport. It is the goal of the Athletic Department that you maintain a cumulative grade point average of at least 2.00 ("C"). Failure to maintain the minimum grade point average and successfully complete the minimum number of credit hours (12) each semester may disqualify you from further participation. Typically, Practice for men and women is held in the late afternoon, early evening and perhaps early morning and intercollegiate games are typically played after 5:00 p.m. Travel time to other colleges in the state may require leaving campus as early as 2:00 p.m. on weekdays. Consult with the coach of your sport to determine exact time of practice and games. As such, individuals interested in participating in intercollegiate athletics should arrange a class schedule and enroll in a class pattern that will not be interrupted by athletic activities.

PHYSICAL EXAMINATION

A physical examination must be completed and submitted to the Athletic Director **PRIOR** to conditioning, practicing or competing. The physical examination is your responsibility. The required form CCC/AD-04 is provided for your convenience. A Licensed Board Certified Physician must fill it out. If it is not filled out completely, it cannot be considered a valid examination for participation in athletic conditioning, practicing or competition.

INSURANCE

You must complete the insurance verification form regarding all health insurance policies you are covered under. If you do not have medical insurance, the Athletic Department recommends you obtain health insurance prior to participation in athletic conditioning, practice or competition.

TEAM TRAVEL

Intercollegiate athletic games are typically played in the evenings, after 5:00 p.m., and on weekends. Athletic teams travel to colleges throughout the state and occasionally out-of-state. Participation in tournaments and out-of-state athletic contests occasionally require over night stay. Spouses, dependents, family and friends of athletic team members are not authorized to travel with or stay in accommodations provided by the College.

CERTIFICATION

My signature below verifies that I have read, understand and agree with the above policies concerning academics, physical examinations, insurance and team travel.

Student's signature attesting that all information provided is accurate

Date

Parent's signature if the Student is not 18 years of age at date of signing

Date

**CITY COLLEGES OF CHICAGO
CERTIFICATIONS**

Page 2 of 2

COLLEGE

PARTICIPANT'S RISK STATEMENT

Participation in all sports requires acceptance that there is risk of injury. Through various procedures, such as the physical examination, maintenance of facilities and instruction in various techniques related to the respective sport, the College attempts to provide a safe environment for all student athletes. In spite of these efforts, injuries may occur. Preparation for and athletic competition, by their very nature, result in numerous uncontrollable and unpredictable situations where injuries may not be avoided. These injuries may range from minor non-restrictive injuries to those of great severity, which may result in deformity, paralysis or death. As a student athlete there is a possibility you may sustain an injury. All student athletes are provided with a secondary accident insurance policy. **This policy is not a health insurance policy and may not be used in the case of illness.** This Accident Policy provides supplemental coverage for injuries that may occur while participating in intercollegiate athletics. This means that your personal insurance (primary) carrier must pay customary benefits before the supplemental accident insurance will pay any benefits. The supplemental accident insurance provided by the City Colleges of Chicago has its restrictions and exclusions. Therefore, all claims must be filed as soon as possible. In addition, it is important that you follow the provisions set forth by your personal (primary) insurance carrier. You must follow all procedures for filing a medical claim. The Athletic Director will assist you with filing a claim with the supplemental accident insurance carrier. It is important to know that all medical bills are the responsibility of the student athlete. It is also the student athlete's responsibility to file all medical claims with their personal (primary) insurance carrier properly and promptly.

DRUG FREE ATHLETIC PROGRAM

Each Athletic Department of the City Colleges of Chicago maintains zero tolerance for use of illegal controlled substances. Student athletes who are in possession of illegal controlled substances will be dismissed from the athletic program and will be subject to disciplinary action by the College. Student athletes who are in possession of drug paraphernalia, regardless of whether the paraphernalia is prohibited by law, will be dismissed from the athletic program. It is the policy of the City Colleges of Chicago that all student athletes refrain from the use of tobacco products and alcohol. Further, the City Colleges of Chicago does not permit, provide or condone the use of anabolic steroids or any other performance enhancing drug or dietary supplement.

CERTIFICATION

My signature below verifies that I have read, understand and agree with the above policies concerning the assumption of risk and the prohibition on the use of illegal controlled substances.

Student's signature attesting that all information provided is accurate

Date

Parent's signature if the Student is not 18 years of age at date of signing

Date

**CITY COLLEGES OF CHICAGO
ATHLETIC EXAMINATION
Page 1 of 3**

COLLEGE

Name (last)		Name (first)		Middle Initial		
Address		City		State, Zip		
Telephone	Cell Phone	Date of Birth		Social Security #		
PAST MEDICAL HISTORY				YES	NO	EXPLAIN
1. Presently taking medication (including birth control pills)?						
2. Allergic to medicine, foods, bee stings?						
3. Wears any appliances-glasses, contact lenses?						
4. History of braces, chipped teeth, bridges?						
5. Has ongoing medical problem?						
6. Had serious or significant illness in past?						
7. Past surgical operations, accidents, non-sports or related injuries?						
8. Any past injuries directly related to sports?						
9. Any hospitalization not explained above?						
10. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)?						
11. Any serious family illness (such as diabetes, bleeding disorders)?						
12. Have you ever passed out during or after exercise?						
13. Have you ever been dizzy during or after exercise?						
14. Have you ever had chest pain during or after exercise?						
15. Do you get tired more quickly than your						
16. Have you ever had racing of your heart or skipped heartbeats?						
17. Have you have high blood pressure or high cholesterol?						
18. Have you ever been told you have a heart murmur?						
19. Has any family member or relative died of problems or of sudden death before age heart 50?						
20. Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last 3 months?						
21. Has a physician ever denied or restricted your participation in sports for any heart problems?						
22. Have you ever had a head injury or concussion? Been knocked out, become unconscious, or lost your memory?						
23. Have you ever had a seizure?						
24. Do you have frequent or severe headaches?						
25. Have you ever had numbness or tingling in your arms, hands, legs or feet?						
26. Have you ever had a stinger, burner or pinched nerve?						
27. Date of last tetanus shot?		28. Date of last eye exam?		29. Date of last menstrual period (if woman)?		
Student's signature attesting that all information provided is accurate					Date	
Parent's signature if the Student is not 18 years of age at date of signing					Date	
CCC/AD-04 (page 1 of 3)						

**CITY COLLEGES OF CHICAGO
ATHLETIC EXAMINATION
Page 2 of 3**

COLLEGE

Name (last)		Name (first)			Middle Initial	Date		
Height		Weight			Date of Birth			
Pulse		Blood Pressure			% Body Fat			
Vision	R 20/	L 20/	Corrected	yes	no	Pupils	equal	unequal

PERSONAL HABITS (AS DETERMINED BY PHYSICIAN)	YES	NO	EXPLAIN
1. Smoking/smokeless tobacco			
2. Alcohol/non-medical drugs; marijuana, cocaine, other			
3. Steroids			
4. Eating Disorder – Weight Gain or Loss			

EVALUATION	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulse			
Lungs			
Abdomen			
Genitalia			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder			
Arms			
Elbows			
Forearms			
Wrists			
Hands			
Hip			
Thighs			
Knees			
Legs			
Ankles			
Feet			
Toes			

PHYSICIAN COMMENTS

**CITY COLLEGES OF CHICAGO
ATHLETIC EXAMINATION
Page 3 of 3**

COLLEGE

Name (last)

Name (first)

Middle Initial

Date

Telephone

Cell Phone

Date of Birth

Social Security #

CLEARANCE

I certify that on this date, I examined this student and that, on the basis of the examination requested by the City Colleges of Chicago and the student's medical history as furnished to me, I have made the following determination:

CLEARED: On the basis of this physical examination, I approve this student's participation in intercollegiate athletics for a period of one year. I have found no reason, which would make it medically inadvisable for this student to compete in athletic activities.

NOT CLEARED: On the basis of this physical examination, I **DO NOT** approve this student's participation in intercollegiate athletics for a period of one year. I have reason, which would make it medically inadvisable for this student to compete in athletic activities.

CONDITIONAL CLEARANCE: On the basis of this physical examination, I **APPROVE WITH CONDITIONS** as set forth below this student's participation in intercollegiate athletics for a period of one year. I have reason, which would make it medically inadvisable for this student to compete in athletic activities unless the corrections actions recited below are undertaken.

PHYSICIAN COMMENT AND FURTHER RECOMMENDATION

Physician Name (PRINT)

Physician Signature

Physician Address

Physician Telephone

**CITY COLLEGES OF CHICAGO
INSURANCE VERIFICATION**

COLLEGE

Student Athlete Name (last)	Student Athlete Name (first)	Middle Initial	Date
Name of Policy Holder		Home Phone	Social Security #
Address		City, State, Zip	
Employer's Name			
Individual/Group/HMO			Policy Number
Company Address			
<input type="checkbox"/> YES, I AM COVERED UNDER THIS POLICY		<input type="checkbox"/> NO, I AM NOT COVERED UNDER THIS POLICY	

Father's Name (last)	Father's Name (first)	Middle Initial	Date
Name of Policy Holder		Home Phone	Social Security #
Address		City, State, Zip	
Employer's Name			
Individual/Group/HMO			Policy Number
Company Address			
<input type="checkbox"/> YES, I AM COVERED UNDER THIS POLICY		<input type="checkbox"/> NO, I AM NOT COVERED UNDER THIS POLICY	

Mother's Name (last)	Mother's Name (first)	Middle Initial	Date
Name of Policy Holder		Home Phone	Social Security #
Address		City, State, Zip	
Employer's Name			
Individual/Group/HMO			Policy Number
Company Address			
<input type="checkbox"/> YES, I AM COVERED UNDER THIS POLICY		<input type="checkbox"/> NO, I AM NOT COVERED UNDER THIS POLICY	

Spouse's Name (last)	Spouse's Name (first)	Middle Initial	Date
Name of Policy Holder		Home Phone	Social Security #
Address		City, State, Zip	
Employer's Name			
Individual/Group/HMO			Policy Number
Company Address			
<input type="checkbox"/> YES, I AM COVERED UNDER THIS POLICY		<input type="checkbox"/> NO, I AM NOT COVERED UNDER THIS POLICY	

I hereby certify that the foregoing information I have designated is true, complete and accurate.

SIGNATURE

DATE

CCC/AD-05

**CITY COLLEGES OF CHICAGO
STUDENT ATHLETE
EMERGENCY CONTACTS**

COLLEGE

Student Athlete Name (last)	Student Athlete Name (first)	Middle Initial	Date
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IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT THE FOLLOWING INDIVIDUALS:

Name (last)	Name (first)	Middle Initial
Address	City, State, Zip	
Daytime Telephone	Evening Telephone	Cell Phone
Relationship	Comment	

Name (last)	Name (first)	Middle Initial
Address	City, State, Zip	
Daytime Telephone	Evening Telephone	Cell Phone
Relationship	Comment	

Name (last)	Name (first)	Middle Initial
Address	City, State, Zip	
Daytime Telephone	Evening Telephone	Cell Phone
Relationship	Comment	

Name (last)	Name (first)	Middle Initial
Address	City, State, Zip	
Daytime Telephone	Evening Telephone	Cell Phone
Relationship	Comment	

**CITY COLLEGES OF CHICAGO
WAIVER OF LIABILITY AND
HOLD HARMLESS AGREEMENT**

COLLEGE

Student Athlete Name (last)

Student Athlete Name (first)

Middle Initial

Date

In consideration for receiving permission to participate in the following activity:

1. I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE**, The Board of Trustees, of Community College District No. 508, County of Cook, State of Illinois, its Chairman, Board Members, Chancellor, Officers, Agents, or Employees (hereafter referred to as **RELEASEES**) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that could be sustained by me, or to any property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OR THE RELEASEES**, or otherwise, while participating in such activity being conducted.
2. I **VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH**, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity, **WHETHER IT IS CAUSED BY NEGLIGENCE OF RELEASEES** or otherwise.
3. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES** from any loss liability, damage or cost, including court costs and attorney's fees that may be incurred due to my participation in said activity, **WHETHER CAUSED BY NEGLIGENCE OF RELEASEES** or otherwise.
4. It is my expressed intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE, AND CONVENANT NOT TO SUE** the above named **RELEASEES**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Illinois.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written statement, have been made; I am at least eighteen (18) years of age and fully competent and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

Student's signature

Date

Parent's signature if the Student is not 18 years of age at date of signing

Date

Witness signature

Date

**CITY COLLEGES OF CHICAGO
 CONSENT FOR MEDICAL TREATMENT
 AND RELEASE OF MEDICAL
 INFORMATION**

COLLEGE

Student Athlete Name (last)	Student Athlete Name (first)	Middle Initial	Date
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I, _____, grant my permission to be evaluated and treated by a Certified Medical Professional, which may include, but is not limited to an Athletic Trainer, Team Physician, Consulting Physician, Specialist, Hospital, Clinic, or any other recognized medical facility as requested by the Coach or Athletic Director, if I become injured or ill while participating in intercollegiate athletics at _____ College.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or any other recognized medical or medically related facility or other organization that has any records or knowledge of me or my health to make such information available upon request to City Colleges of Chicago, its representative or Insurance Carrier.

I acknowledge that City Colleges of Chicago is subject to the Health Information Portability and Accountability Act (HIPAA) and understand the Act was created to increase the privacy of an individual's health information. I further understand that all City Colleges of Chicago authorized staff accepts responsibility under the Act and will fully comply with HIPAA in the use and disclosure of health information to provide, coordinate and manage health care related services on my behalf should injury occur. By my signature below, I grant the release and disclosure of all pertinent information required to ensure proper and adequate health care treatment.

I hereby authorize City Colleges of Chicago to file all necessary insurance claims on my behalf should injury occur resulting from my participation in the above referenced intercollegiate sport.

In the event of any changes in my primary medical insurance, I agree to notify the Team Coach, Athletic Director and City Colleges of Chicago immediately.

Student's signature	Date
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Parent's signature if the Student is not 18 years of age at date of signing	Date
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Witness signature	Date
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**CITY COLLEGES OF CHICAGO
PHYSICAL IMPAIRMENT ACCOMMODATION
AND
TERMS OF PARTICIPATION**

COLLEGE

Student Athlete Name (last)	Student Athlete Name (first)	Middle Initial	Date
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Participation in all sports requires acceptance that there is risk of injury. Through various procedures, such as a physical examination, maintenance of facilities and instruction in various techniques related to the respective sport, City Colleges of Chicago attempts to provide a safe environment for all student athletes.

In spite of these efforts, injuries may occur. The preparation for athletic competition and the actual competition, by their very nature, result in numerous uncontrollable and unpredictable situations where injuries may not be avoided. These injuries may range from minor non-restrictive injuries to ones of great severity, which may result in deformity, paralysis or death. As a student athlete there is a possibility you may sustain an injury.

On _____ you underwent a physical examination to determine your fitness to participate in intercollegiate sports. **It was determined that you suffer from a physical impairment as follows:**

The following corrective action must be taken and is a condition of your participation:

However, this precaution does not, in and of itself, preclude the possibility of injury. City Colleges of Chicago is providing you with an assessment performed by a Licensed Board Certified Physician of a condition that may place you at risk. It is your sole decision to elect to participate and assume this risk. In addition, should you elect to participate, City Colleges of Chicago recommends the acknowledgement of your parent, guardian or spouse regarding the aforementioned risk and consent that you accept this risk.

Student's signature consenting to the terms and conditions set forth above	Date
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Parent's signature if the Student is not 18 years of age at date of signing	Date
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Athletic Director signature	Date
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