SSCC Athletics
Student Athlete Compliance Agreement

STUDENT NAME: (Please Print)

_________________________________    ___________________________   ____________
Last     First     Student ID#

Please read the following information below. Initial each statement to indicate that you have read and understand the information. If you do not understand the following statements, please contact the Athletic Office by calling 800.628.7722 x2623 or 2697.

1. I understand I must be registered full-time (minimum 12 credit hours) in order to participate in SSCC athletics.

2. I understand that I must have all completed athletic paper work turned into the athletic office prior to participating in athletics.

3. I understand I must maintain a 2.0 GPA and complete at least 24 semester/36 quarter credit hours prior to participating in my 2nd year of athletics.

4. I understand that uniforms and equipment are the property of Southern State and must be returned at the conclusion of the season. Failure to return uniforms and/or equipment will result on a monetary hold on my student account.

6. I understand that as a student-athlete and a representative of SSCC, that I am expected to conduct myself in a respectful manner at all times.

7. I have read and understand the SSCC Student Code of Conduct and the SSCC Athletics Code of Operations and Student Athlete Handbook.

________________________________________________________
Student Signature     DATE
Southern State Community College

Release For Participation in Intercollegiate Athletics

I acknowledge that Southern State Community College (the “College”) will allow my participation on an Intercollegiate Athletic team and will provide certain equipment, facilities, and advisors for said participation in intercollegiate athletics on the condition that I release the College and its faculty members, employees and agents from any claim or liability arising out of my participation.

I am at least 18 years of age. I understand that participation in intercollegiate athletics can be dangerous, and that I could be risking bodily injury by participating. I also fully understand that there exists an inherent risk of injury/illness in any activity which requires strenuous physical stress. The nature and/or severity of this potential injury/illness can range from a mild, short-term problem to a catastrophic, permanently debilitating condition or death. I know of no pre-existing medical condition that would put me at an increased risk of injury, illness or death from my participation in this sport. My participation in the sport is strictly voluntary.

I hereby assume full responsibility for any and all injuries and other losses, including but not limited to medical expenses, which I may suffer because of my participation in this sport. I release the College, its faculty members, employees and agents from any claim or liability for any injury or other loss, including but not limited to medical expenses, which I may suffer because of my participation in this sport, regardless of the cause of the injury or other loss.

I also agree to save harmless and indemnify the College, its faculty members, employees and agents from any and all liability, damage and expenses which they may be caused to pay or incur as a result of any claim I may make arising out of my participation in this sport and to defend such person or persons against any lawsuit or claim arising out of such activities, and to be responsible for the costs for such defense, including attorneys’ fees.

I understand that the College is relying on this release, and I agree to be legally bound by this release. This release shall be binding on my heirs and personal representative.

Signed this ______________ day of ______________, ________.
(day)   (month)        (year)

I HAVE READ THIS RELEASE BEFORE SIGNING IT.

(Signature)  
(Print Name)  
(Address)  
(Phone)  

If under 18 years old a parent and/or legal guardian must sign this release form. By signing this release form the below stated party is affirming they have read and agreed to the above release for participation in intercollegiate athletics.

(Parent Printed Name)  
(Parent Signature)  
Southern State Community College
Insurance Waiver Agreement

STUDENT ATHLETE__________________________________________________________

SPORT ____________________ YEAR ________________________________

I, ________________________, do certify that I have adequate and sufficient medical insurance coverage.

AND

We, the parents/guardians of above mentioned athlete do certify that we have adequate and sufficient insurance coverage on our daughter/son (up to age 24 and/or age 28.)

Insurance Information: Name & Claims Address:________________________________________

______________________________________________________________________________

We, the student-athlete and parents/guardians of the above mentioned student athlete, have an insurance policy which will provide adequate financial coverage for any type of athletic related injury or injuries, or whatever might result thereof. We the student-athlete and parents/guardians agree to accept full responsibility and agree to release the Southern State Community College and all its employees from any obligation as pertains to financial responsibility in these matters for the school year listed above.

Signatures:

Mother/Guardian__________________________________________________________

Father/Guardian__________________________________________________________

Student Athlete__________________________________________________________

DATE ______________________________
Southern State Community College
Field Trip Waiver of Liability/Hold Harmless Agreement

Release executed by ___________________________, whose address is:

Name of Participant

____________________________  city  state  zip code

____________________________  Street

to Southern State Community College.

1.0 I desire to participate in the following activity/trip ("Activity"), to be held
on______________ (date), and I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in the
transportation to and from the Activity, and in any independent research or activities I undertake as an adjunct to the
Activity, which dangers include but are not limited to (if necessary, described in more detail in the attached), and which
also could include serious or even mortal injuries and property damage.

2.0 Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in
the Activity, on behalf of myself, my family, heirs, and personal representative(s), I, the undersigned, agree to assume all
the risks and responsibilities surrounding my participation in the Activity, the transportation, and in any independent
research or activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant
not to sue the State of Ohio, Southern State Community College, its governing board, officers, agents, employees, and any
students acting as employees (hereafter called the "Releases"), from and against any and all liability for any harm, injury,
damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may
hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and
death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness
of the Releases', or otherwise, while in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to
the Activity, occurs or is being conducted.

3.0 I understand and agree that Releases' do not have medical personnel available at the location of the Activity or on the
campus. I understand and agree that Releases' are granted permission to authorize emergency medical treatment, if
necessary, and that such action by Releases' shall be subject to the terms of this Agreement. I understand and agree that
Releases' assume no responsibility for any injury or damage which might arise out of or in connection with such
authorized emergency medical treatment.

4.0 It is my express intent that this release and hold harmless agreement shall bind the members of my family and, if
applicable, my spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I
am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named Releases'. I
further agree to save and hold harmless, indemnify, and defend Releases' from any claim by me or my family, arising out
of my participation in

Name of Activity


Field Trip Waiver of Liability / Hold Harmless Agreement
5.0 In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the Institution does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement; and that I execute this release for full, adequate, ad complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.

6.0 I further agree that this Release shall be construed in accordance with the laws of the State of Ohio. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

IN WITNESS WHEREOF, I have executed this release this day of, 20 ___.

Participant’s Name: _______________________________________________________

Phone: __________________________________________________________________

Address (Street/City/Zip):___________________________________________________

Participant’s Signature: _____________________________________________________

Date: ___________________________________________________________________

Emergency Contact: _______________________________________________________

Phone: (Home)______________________________________

(Cell)_________________________________________

(Work)______________________________________

Parent’s Signature (if under 18 yrs.) ____________________________________________

Witness Signature (must be at least 18 yrs.) ____________________________________
Field Trip Waiver of Liability / Hold Harmless Agreement
Southern State Community College
Physical Form

Name: _______________________________        Date: ______________        Age: _______________

Date of Birth: __________________________       Height: _____________      Weight: _____________

Vision: R____/____    L____/_______        Pulse: _____________        BP: _________________

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<th>Normal</th>
<th>Abnormal Results</th>
<th>Initials</th>
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<tbody>
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<td>1. Eyes (pupils equal)</td>
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<td>2. Ears, Nose, Throat</td>
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<td>3. Mouth and Teeth</td>
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<td>5. Cardiovascular</td>
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<td>6. Chest and Lungs</td>
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<td>9. Skin</td>
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<td>10. Musculoskeletal: ROM, Strength, etc</td>
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<td>a. Neck</td>
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<td>f. Knees</td>
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<td>g. Ankles</td>
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<td>h. Feet</td>
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<tr>
<td>i. Hand, Wrist, Fingers</td>
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<td>11. Neuro (if indicated)</td>
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<td>12. Laboratory Results (if indicated)</td>
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Comments:________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

Participation Recommendations: _________________________________________________________

Cleared for: Contact_____  Contact Collision_____   Limited Contact _____   Non-contact____

Date of Examination: __________     Authorized Signature:___________________________

Address: _____________________________   Phone: _____________________________
Southern State Community College
Pre participation Medical History Evaluation

Name: _____________________________   Date: ___________________________
Student ID: _________________________

Please answer the following questions. Explain all “YES” answers in the space provided at the bottom of this page.

1. Are you currently under the care of a physician for any reason?   YES   NO
2. Have you had any recent illnesses?   YES   NO
3. Has anyone in your immediate family died suddenly (under age 50)?   YES   NO
4. Has anyone in your immediate family suffered a heart attack?   YES   NO
5. Does anyone in your immediate family have high blood pressure?   YES   NO
6. Do you suffer from chest pain during exercise?   YES   NO
7. Have you ever experienced dizziness or faintness during exercise?   YES   NO
8. Do you have a history of heart trouble or heart murmur?   YES   NO
9. Do you have a history of heat illness (dehydration, heat exhaustion)?   YES   NO
10. Do you cough with strenuous exercise?   YES   NO
11. Do you follow a special diet during the athletic season?   YES   NO
12. Do you have any known allergies?   YES   NO
13. Do you have asthma or trouble breathing during/after exercise?   YES   NO
    If so, do you have/carry an inhaler? (Fill in below)
14. Have you ever suffered a head injury?   YES   NO
15. Have you ever had a seizure?   YES   NO
16. Have you had any changes in your health status since your last physical exam?   YES   NO
17. Have you ever been hospitalized or had surgery?   YES   NO
18. Do you or anyone in your immediate family have or have had diabetes?   YES   NO
    If so, what type? (Fill in below)

EXPLAIN ALL “YES” RESPONSES BELOW:

__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

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

Student-Athletes Signature: _____________________________   Date: ______________

Parent/Guardian Signature: _____________________________   Date: ______________
(Only if athlete under 18)
Southern State Community College
Insurance Information Form

**Failure to complete this form could result in claims processing delays.**

1. Full Name of Athlete: ________________________________________________________________
   Sport(s): ____________________________________ Phone: ______________________________
   Permanent/Home Address: _____________________________________________________________
   City: ___________________________________ State: ______________ Zip Code: _________________
   Mobile Phone: _________________________________________________________________

2. Mother/Guardian Full Name: ___________________________________________________________
   Address: _____________________________________________________________________________
   City: ___________________________________ State: ______________ Zip Code: _________________
   Phone: _________________________________ Mobile Phone: ____________________________
   Employer: ____________________________________________________________________________
   Employer Phone: ______________________________________________________________________
   *DO YOU HAVE GROUP MEDICAL COVERAGE FOR THIS DEPENDANT THROUGH YOUR EMPLOYER?  
     YES_________ NO_______
   Name of Insurance Company: ____________________________________________________________
   Phone of Insurance Company: ____________________________________________________________
   Insurance Company Address: ____________________________________________________________
   Policy Number: ______________________________ Group Number: ___________________________

3. Father/Guardian Full Name: ___________________________________________________________
   Address: _____________________________________________________________________________
   City: ___________________________________ State: ______________ Zip Code: _________________
   Phone: _________________________________ Mobile Phone: ____________________________
   Employer: ____________________________________________________________________________
   Employer Phone: ______________________________________________________________________
   *DO YOU HAVE GROUP MEDICAL COVERAGE FOR THIS DEPENDANT THROUGH YOUR EMPLOYER?  
     YES_________ NO_______
   Name of Insurance Company: ____________________________________________________________
   Phone of Insurance Company: ____________________________________________________________
   Insurance Company Address: ____________________________________________________________
   Policy Number: ______________________________ Group Number: ___________________________

4. Are there any other medical insurance policies covering this athlete?  YES____NO______
   (If yes) Name of Insurance Company: _____________________________________________________
   Phone of Insurance Company: ____________________________________________________________
   Insurance Company Address: ____________________________________________________________
   Policy Number: ___________________ Group Number: ________________

5. Emergency Contact Information
   Contact 1: ____________________________________________________________________________
   Phone: _________________________________ Mobile Phone: ____________________________
   Contact 2: ____________________________________________________________________________
   Phone: _________________________________ Mobile Phone: ____________________________
   Student Athlete’s Signature: ___________________________ Date: ______________
   Guardian Signature: ___________________________ Date: ______________
Southern State Community College  
Department of Intercollegiate Athletics  
Acknowledgement of Risk and Waiver of  
Liability/Medical Consent

I, __________________________________________ (Print Name), acknowledge and understand that there are risks in participating in intercollegiate athletics and I hereby agree to assume any and all risk of injury, associated with my participation in intercollegiate athletics. I will furthermore be liable for any injury suffered during tryouts, practices, games, open gyms or other Southern State College sanctioned activity associated with my participation in intercollegiate athletics at SSCC. I further agree that I will do my best to reduce the risk of injury by keeping myself in the best possible physical condition and following the advice of the attending physician, athletic training staff, other medical personnel associated with Southern State Community College and/or coach concerning the prevention, treatment and rehabilitation of athletic injuries.

Student-Athlete Signature: ________________________________ Date: ____________

Parent/Guardian Signature: ________________________________ Date: ____________  
(If student-athlete is under the age of 18)
Southern State Community College Injury and Illness Reporting Acknowledgement Form

I, ____________________________(Print Name), acknowledge that I have to be an active participant in my own healthcare. As such, I have the direct responsibility for reporting all of my injuries and illnesses to the athletic coaching staff of Southern State Community College. I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the athletic coaching staff at Southern State Community College.

I further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. I have been provided with education on head injuries and understand the importance of immediately reporting symptoms of a head injury/concussion to the athletic training staff.

By signing below, I acknowledge that Southern State Community College has provided me with specific educational materials on what a concussion is and given me an opportunity to ask questions about areas and issues that are not clear to me on this issue. This also pertains to any type of injury that might occur to other areas of my body.

I, _____________________________ have read the above and agree that the statements are accurate.

(Print) Student-Athlete’s Name

_____________________________________                                                         ___________________
Signature of Student-Athlete                                                                                       Date
SSCC Athletics
Emergency Contact Information

SPORT:_________________________

NAME:________________________

PARENT/GUARDIAN INFORMATION

Primary parent/guardian:________________________
Address/City/Zip:________________________
Day Phone:________________________Evening Phone:________________________

Secondary parent/guardian:________________________
Address/City/Zip:________________________
Day Phone:________________________Evening Phone:________________________