



Milwaukee Area Technical College
Student Athlete Information Form

(Revised August 2008)

This form must be completed and signed.



General Information

Sport School Year

Personal Information

Name Birth Date: Social Security No. or Student I.D. No.

Address (Street Address) (City, State, Zip Code)

Phone Number(s) E-mail Address

Are you a United States Citizen or a Permanent Resident**? Yes No (*Holder of a Green Card or F1 VISA)

Are you on another type of VISA? Yes No If so, what type?

High School Information

High School(s) Attended (School) (City, State and Country)

Graduated? Yes No High School Graduation Date (month/year)

Check here if you have earned a GED GED Date Earned (month/year)

Additional Information

1. Did you take any college credit classes while in high school? Yes* No

* If yes, from what college(s)?

* If yes, please furnish transcript(s) from each college.

2. Have you ever signed a Letter of Intent form with any institution? Yes No

If yes, specify the College Date (day/month/year)

3. Have you ever participated in a sport in a country other than the United States? Yes No

If yes, describe the situation and complete the following:

Sport(s)? Country Dates

4. Have you ever been red-shirted for a season? Yes No

If yes, list when, where, and describe the situation.

PARENT/ GUARDIAN/STUDENT INFORMATION FORM

Name of Athlete _____ Sport _____

Social Security No. or Student ID No. _____ Date of Birth _____

Home Address _____ Home Phone (_____) _____

City _____ State _____ Zip Code _____

Are you currently covered by a health insurance policy? Yes _____ No _____

If yes, complete the remainder of this page. If no, move to the next page.

What is the name of the policy holder you are insured under? _____

What is your relationship to the policy holder? _____ (self, parent, spouse)

FATHER/ GUARDIAN INFORMATION

Father's Name _____

Address _____

Employer _____

Address _____

Telephone (_____) _____

Medical Insurance
Company or Plan _____

Address _____

Policy Number _____

Telephone (_____) _____

Is this plan an HMO or PPO? Yes _____ No _____

Is pre-authorization required
to obtain treatment? Yes _____ No _____

Is a second opinion required
before surgery? Yes _____ No _____

MOTHER/ GUARDIAN INFORMATION

Mother's Name _____

Address _____

Employer _____

Address _____

Telephone (_____) _____

Medical Insurance
Company or Plan _____

Address _____

Policy Number _____

Telephone (_____) _____

Is this plan an HMO or PPO? Yes _____ No _____

Is pre-authorization required
to obtain treatment? Yes _____ No _____

Is a second opinion required
before surgery? Yes _____ No _____

PLEASE COMPLETE AUTHORIZATION ON REVERSE SIDE OF THIS FORM.

Athletic Monitoring Agreement

The MATC Athletic Department provides athletic monitoring services for all student athletes. A condition of participation is acceptance of the services and agreement to adhere to the following: a) I must attend all classes, b) I must complete all class assignments, c) I will contact the Academic Coordinator immediately should I face any challenges in my academic requirements, and d) I agree that should I fall below the minimum academic standards set forth by the Athletic Department at any time during my participation, I may be subject to suspension from or removal from the team.

Sports Activities Release and Assumption of Risk

The undersigned hereby acknowledges that he/she understands that participation in any sports activities of Milwaukee Area Technical College is purely voluntary, and is not part of the curriculum of the school. In consideration of the Milwaukee Area Technical College's making any equipment and/or facilities available to the students or the undersigned while participating in any such activities, the undersigned agrees to release Milwaukee Area Technical College, its successors, assigns, officers, agents, and employees from any and all claims, demands, and causes of action whatsoever in any way growing out of, or resulting from, the undersigned student's participation in the activities of any such sports activity.

I have read the above statement and have answered all questions to the best of my knowledge. I also have been instructed in the proper use of equipment and facilities that I will be using.

Student Athletic Code of Conduct

No MATC athlete shall be permitted to participate in any practice session or sponsored event while under the influence of alcohol or illegal drugs. (A sponsored event is defined from the time that the group departs MATC to the time they return.) In addition, no tobacco (including chewing tobacco) will be allowed. Abusive and/or profane language, physical threats, and other actions deemed unbecoming to an MATC student athlete shall not be tolerated.

If a coach or member of the Athletic Department staff suspects any violation of the above, the athlete will not be allowed to participate in any further MATC activities until the matter has been resolved through the following process:

- a. If the alleged violation should occur while under the jurisdiction of the coach, the coach will make the initial decision of appropriate action to ensure the safety and well being of all present. At the earliest possible time, the coach will report the incident to the Athletic Director or his designee.
- b. The Athletic Director will review the reported incident and investigate the matter. If the matter involves conduct unbecoming to an MATC student athlete, but is not considered a violation of the MATC Student Code of Conduct, the matter will be resolved by the Athletic Director.
- c. If the Athletic Director (or his designee) has reason to believe that a violation of the Student Code of Conduct has occurred, he/she will notify the Director of Student Life as soon as possible, at which time action will follow in accordance with the Student Code of Conduct. Each student athlete is given a copy of the Code when an Athletic Eligibility Form is signed and submitted to the department.
- d. Penalties applied by the Athletic Director for conduct unbecoming an MATC student athlete may include, but are not limited to, written reprimand, suspension, or termination from the athletic team. The Athletic Director will inform the student of the complaint and will provide an opportunity for student response. If a sanction is applied by the Athletic Director, written notification to the student will follow within 10 days including information of the appellate process. The first step to appeal the Athletic Director's decision is to the Director of Student Life. The next level of appeal is to the Athletic Board Appeals Committee.
- e. Consequently, students who are judged to have engaged in some form of misconduct may be subject to (1) penalties applied by the Athletic Director as outlined in this section; (2) disciplinary action as outlined in the Student Code of Conduct; or (3) any combination thereof.

All athletes are expected to conduct themselves in accordance with the rules and regulations set forth. In addition to these rules, each student is responsible for conducting himself or herself in accordance with the Student Code of Conduct. My signature below verifies that I have read, understand, and agree to the above-listed rules.

Video and Photography Usage Release

I, the undersigned, give Milwaukee Area Technical College ("MATC"), its legal representatives and assigns, those for whom MATC is acting, and those acting with its permission, and/or its employees, the right and permission to copyright, use and re-use, publish and re-publish photographs, photographic likenesses of me, video pictures or portraits, or other forms of electronic media containing likenesses of me, either with my name, without my name, or with a fictitious name. These photographs or other forms of electronic media may be published in brochures, newspapers, via MATC's website, or other MATC publications. They may be enlarged for photo displays, added to slide or video presentations, or used for any other promotional or educational purpose.

I hereby waive any right to inspect or approve the finished photograph, video or advertising copy, or printed or electronic matter that be used by MATC or to the eventual use that

it might be applied. I further waive any right to be compensated for my appearance in any photograph, video and/or other electronic media.

I hereby release, discharge and agree to hold harmless MATC, its representatives, assigns, employees or any other person, or agency acting under its permission or authority, including, but not limited to, any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distorting, blurring, or alteration, optical illusion, or use in composite form, whether intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication or distribution of the same.

I hereby warrant that I am 18 years of age or older, and competent to contract in my own name so far as the above is concerned.

I have read the foregoing release, authorization and agreement before affixing my signature below, and warrant that I fully understand the contents thereof.

Authorization to Permit Use and Disclosure of Health Information

This Authorization was prepared by First Agency, Inc. for purposes of obtaining information necessary to process a claim for benefits.

Upon presentation of the original or a photocopy of this signed Authorization, I authorize, without restriction (except psychotherapy notes), any licensed physician, medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit plan administrator to provide First Agency, Inc. or an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, all information concerning advice, care or treatment provided the patient, employee or deceased named below, including all information relating to, mental illness, use of drugs or use of alcohol. This Authorization also includes information provided to our health division for underwriting or claim servicing and information provided to any affiliated insurance company on previous applications. If this Authorization is for someone other than myself, that individual has given me authority to act on his/her behalf as explained below.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending written notification to my agent or to us at the above address. I understand that a revocation will not be effective to the extent we have relied on the use or disclosure of the protected health information or if my Authorization was obtained as a condition to determine my eligibility for benefits. Revocation requests must be sent in writing to the attention of the Claims Supervisor.

I understand that First Agency, Inc. may condition payment of a claim upon my signing this authorization, if the disclosure of information is necessary to determine the level or validity of the claim payment. I also understand, once information is disclosed to us pursuant to this Authorization, the information will remain protected by First Agency, Inc. in accordance with federal or state law.

This Authorization is valid from the date signed for the duration of the claim.

Authorization

I hereby authorize MATC and First Agency of Kalamazoo, Michigan, to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photostatic copy of this authorization shall be deemed as effective and valid as the original.

I authorize that MATC and its insurance agent pay the medical vendors directly for any bills incurred from accidents that are covered under insurance coverage purchased by the college.

I hereby consent, subject to the rules set forth by Milwaukee Area Technical College and its Athletic Department, to release information requested on this form. I accept all responsibilities for this decision. In the case of an emergency, the school has my permission to take me to the hospital deemed necessary by the supervising personnel.

The MATC Athletic Department provides for the transportation of all student athletes, coaches, and support participants to and from all out-of-district activities and events. The MATC Athletic Department expects student athletes, coaches, and support participants to utilize the provided method of transportation. Should a student athlete, coach, or support participant choose to provide his/her own transportation, he/she does so at his/her own risk. The operator of the personal vehicle will be personally liable for any and all personal injury, property damage, damages, losses, and expenses, including attorney fees, which may arise out of the operation of the personal vehicle.

Knowing the dangers, hazards, and risks associated with the operation of a personal vehicle, on behalf of myself, my family, my heirs, and personal representative(s), I, the undersigned, agree to assume all the risks and responsibilities surrounding the operation of my personal vehicle.

In signing this release, I acknowledge and represent that I have fully informed myself of the content above. I have signed this document of my own free will.

Furthermore, I understand that any uniforms or equipment that I receive from MATC **must** be returned at the end of the sport's season. Failure to do so may result in a hold on my academic records and/or a charge for the unreturned equipment.

All of the information given is true and correct to the best of my knowledge. I understand that information falsified or omitted can make me ineligible for ALL future college competition in compliance with the National Junior College Athletic Association Eligibility Rules.

Signature _____ Date _____

If athlete is under 18 years old:
Parent/Guardian Signature _____ Date _____