



## NJCAA Eligibility Affidavit

Information on this form will be used to determine eligibility for participation on a NJCAA Athletic Team. Accuracy of your answers is paramount to the reputation and safekeeping of the history of athletics at **Community College of Philadelphia**

Today's date \_\_\_\_\_ Sport: \_\_\_\_\_ ID Number \_\_\_\_\_  
Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home address: \_\_\_\_\_ email address \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

### High School Education

Did you attend more than one High School? **YES NO**

Name of High School(s) you have attended. Include City, State and Country

9<sup>th</sup> \_\_\_\_\_  
10<sup>th</sup> \_\_\_\_\_  
11<sup>th</sup> \_\_\_\_\_  
12<sup>th</sup> \_\_\_\_\_

- What High School did you graduate from \_\_\_\_\_ Date \_\_\_\_\_
  - (enclose a copy of **final transcript**. The transcript must show **graduation date, be signed or sealed**.)
  - If you did not complete High School, did you pass a State Department of Education approved High School Equivalency Test date earned \_\_\_\_/\_\_\_\_/\_\_\_\_ (enclose certificate with test scores)
- Were you home schooled? **Yes No** Did you graduate? **Yes No**
  - (enclose a copy of diploma and all other pertinent information)

### Additional Education while in High School

Did you take any college credit classes while in High School? Yes\* \_\_\_\_\_ No \_\_\_\_\_

\* If yes, please list college(s) \_\_\_\_\_

**(You MUST provide a transcript(s) from each college to Community College of Philadelphia)**

### Athletic Participation While in High School (Freshman, Junior Varsity, Varsity)

Year(s)	Name of School	Level of Play

***I understand that falsified or omitted information can make me ineligible for ALL future college competition in compliance with the National Junior College Athletic Association Eligibility Rules***

Student/athlete signature \_\_\_\_\_

Date: \_\_\_\_\_



## College Education, Athletic Participation, Recruiting

**College/University Education** all full-time and part-time enrollment must be listed

- College: \_\_\_\_\_ Dates: \_\_\_\_\_ F/T or P/T
- College: \_\_\_\_\_ Dates: \_\_\_\_\_ F/T or P/T
- College: \_\_\_\_\_ Dates: \_\_\_\_\_ F/T or P/T

### Athletic Participation

1. Have you ever signed a **Letter of Intent Form** with any college/university? **Yes** \_\_\_ **No** \_\_\_  
If yes, specify the college/university \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

2. Have you ever participated in practices, scrimmages, and or games for college/university team other than **MCCC**  
**Yes** \_\_\_ **No** \_\_\_ If Yes, School \_\_\_\_\_ Sport \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Describe the situation \_\_\_\_\_

3. Have you ever been **red-shirted** for a season? **Yes** \_\_\_ **No** \_\_\_  
If yes, list dates of that season, name of college/university and describe the situation.  
\_\_\_\_\_

3a. Have you ever filed for a Medical Hardship? **Yes** \_\_\_ **No** \_\_\_  
If yes, list dates of that season, name of college/university and describe the situation.  
\_\_\_\_\_

4. Have you ever played on a sanctioned club team at a college or university that has competed against other colleges?  
**No** \_\_\_ **Yes** \_\_\_ name the school, \_\_\_\_\_

### Recruiting Information

5. How did you learn about the Community College of Philadelphia?  
\_\_\_\_\_

6. How were you contacted (by email, letters, telephone calls, in-person visits, etc.) \_\_\_\_\_

7. Please list all official visits taken at other institutions. \_\_\_\_\_  
\_\_\_\_\_

8. Did you or someone else ever utilize a recruiting service or individual to assist you in finding MCCC or assist you in obtaining an athletic scholarship? **Yes** \_\_\_ **No** \_\_\_  
If yes, who assisted you and explain \_\_\_\_\_

***I understand that falsified or omitted information can make me ineligible for ALL future college competition in compliance with the NJCAA Eligibility Rules***

Student/athlete signature \_\_\_\_\_

date: \_\_\_\_\_

Coach Signature \_\_\_\_\_

date: \_\_\_\_\_



## NJCAA AMATEURISM QUESTIONNAIRE

**Please be advised that this is a questionnaire used in the recruiting process in order to help the institution determine your eligibility under NJCAA eligibility rules. Please be honest with your answers.**

### Athletics Participation After the Age of 19

1. **Do you or did** you play on any other sports team after you turned the age of 19 (city recreational leagues, AAU, Soccer leagues,) etc.? while you were registered as a **full time** student.  
**Yes** \_\_\_ **No** \_\_\_ if **Yes**, fill in the information below.

Team Name	Team Contact Information	League Affiliation	Participation Dates	# of contests played	Expenses Received

2. Have you ever participated on a sports team in a country other than the United States? **Yes** \_\_\_ **No** \_\_\_  
 Sport(s) \_\_\_\_\_ Country \_\_\_\_\_ Dates \_\_\_/\_\_\_/\_\_\_  
 Explain the circumstances \_\_\_\_\_

3. Have you ever received directly or indirectly any benefits at all such as a salary, reimbursement of expenses, or any other form of financial assistance from a sports organization based on your athletic skills or participation? **Yes** \_\_\_ **No** \_\_\_

4. Have you, your parents or guardians ever accepted any benefits from an agent or anyone associated with an agent? **Yes** \_\_\_ **No** \_\_\_

5. Did you win any money as a result of your participation in a foul shooting contest, bowling contest, golf outing, tennis tournament, road race or any other athletic contest where money or prizes were awarded to the winner. (you). If **yes**, please explain  
**Name /Type of competition** \_\_\_\_\_  
**Money/Prize awarded** \_\_\_\_\_  
**Date of competition** \_\_\_\_\_

6. Did any of the teams or tournaments you participated on call themselves semi- professional or professional?  
**Yes** \_\_\_ If yes, which team(s) \_\_\_\_\_ **No** \_\_\_ **I don't know** \_\_\_

7. Did any member of your team receive money beyond expenses for their participation on any of the teams on which you participated? **Yes** \_\_\_ **No** \_\_\_ **I don't know** \_\_\_  
 if **yes** please indicate what was received and which team(s) provided the payment to your teammate.  
 \_\_\_\_\_

8. Have you ever entered a **Professional Draft**? **Yes** \_\_\_ **No** \_\_\_

9. Have you ever participated in a **Professional Tryout**? **Yes** \_\_\_ **When** \_\_\_\_\_ **Where** \_\_\_\_\_ **No** \_\_\_

10. Have you ever been involved in athletic advertisement or promotion? **Yes** \_\_\_ **No** \_\_\_

11. Have you ever participated in a non- sponsored Showcase for your sport? **Yes** \_\_\_ **When** \_\_\_\_\_ **Where** \_\_\_\_\_ **No** \_\_\_

12. Did you have a written /verbal agreement with an agent/agency to represent you while you were participating in athletics?  
**Yes** \_\_\_ **No** \_\_\_

**I understand that information falsified or omitted can make me ineligible for ALL future college competition in compliance with the NJCAA Eligibility Rules.**

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please use this page to explain all the employment, unemployment, internships, military service or other activities/work you participated in once you finished high school. This is mandatory if you did not enroll full time and attend the Community College of Philadelphia the semester following your graduation from high school. This information must be very specific with start and stop dates.**

- Activity \_\_\_\_\_
  - start/stop date \_\_\_\_\_
  
- Activity \_\_\_\_\_
  - start/stop date \_\_\_\_\_
  
- Activity \_\_\_\_\_
  - start/stop date \_\_\_\_\_
  
- **College Major** \_\_\_\_\_

What best depicts what you want to accomplish while at CCP? List most important first. 1-5 (1 most important)

- Transfer to a four year college to pursue a BA/BS degree prior to graduation
  
- Transfer to a four year college after graduation from CCP
  
- Basically to compete
  
- To compete with the hope for possible professional scouting opportunities
  
- Graduate CCP with an Associates Degree and seek employment

Other: \_\_\_\_\_

***I understand that information falsified or omitted can make me ineligible for ALL future college competition in compliance with the NJCAA Eligibility Rules.***

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
- Pending further evaluation
- For any sports
- For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION

## THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	<b>Yes</b>	<b>No</b>
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

**Explain "yes" answers here**

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**Please indicate if you have ever had any of the following.**

	<b>Yes</b>	<b>No</b>
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

**Explain "yes" answers here**

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

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_