

NJCAA
Eligibility Information



First Name _____

Middle Name _____

Last Name _____

Birth Date D: _____ M: _____ Y: _____
(DD/MM/YY)

Student ID# _____

How many seasons have you participated in this sport? _____

High School Graduation Date M: _____ Y: _____

Name of High School _____

High School Location City: _____ State: _____

If you did not graduate, do you have a GED? Yes or No
Date of GED M: _____ Y: _____

Date of Initial College Enrollment M: _____ Y: _____

Are you a transfer student? (see below) Yes or No

How many previous full time semesters have you attended? _____

How many credits are you registered for this semester? _____

Date of Physical Exam M: _____ Y: _____

US Citizenship or Green Card? Yes or No

Below for office use only, do not complete

Previous Full Time Term

Cumulative

Hours Earned _____

Hours Earned _____

GPA _____

GPA _____

Minnesota State Waiver



STUDENT NAME: _____

(Please Print)

RELEASE: The undersigned, in consideration of being permitted to participate in a course/activity at Rainy River Community College for educational/recreational purposes does hereby irrevocably, personally and for his or her heirs, assigns and legal representatives, release and waive any and all past, present, or future claims, demands, and causes of action which the undersigned now has or may in the future have against the State of Minnesota, the Community College, their members, representatives, officers, agents, employees, and each of them, for any and all past, present or future loss of or damage to property and/or bodily injury, including, death, however caused, including negligence resulting from, or arising out of or in any way connected with the aforementioned course for educational/recreational purposes.

HOLD HARMLESS/INDEMNITY: The undersigned covenants not to cause any action at law or in equity to be brought or permit such to be brought in his or her behalf, either directly or indirectly, on account of loss or damage to property and/or bodily injury, death, against any of the aforesaid parties however caused, including negligence, resulting from, arising out of, or in any way connected with the aforementioned course/activity and agrees to save, indemnify, hold claims, demands, and causes of action which now, in the future be asserted against the aforesaid parties arising out of or by reason of said course described above, including any incident, injury, loss, or damage that might occur at any place in connection therewith. Risks include but are not limited to the following:

Death, fracture, back injuries, head injuries, eye injuries, face injuries, injuries to hands, feet, arms, and legs, sprain contusions, injuries to fingers and toes, abdominal injuries, neck injuries, injuries resulting from punches, blows, kicks, and injuries from falls and throws and any other injury of any kind.

ASSUMPTION OF RISK: The undersigned further states and affirms that he or she is aware of the fact that the aforesaid course, even under the safest conditions possible, may be hazardous: the he or she assumes the risks of any and all loss of or damage to property and/or bodily injury, including death, however caused, including negligence, resulting from, arising out of or in any way connected with the aforementioned course: that he or she is of legal age and is competent to sign the Waiver of Claims and Release from Liability; and that he or she has read and understands all of the provisions herein contained.

SIGNED: _____

(Parent, Guardian, or Student Signature. If student is under 18, form must be signed by parent or guardian.)

DATED: ____ / ____ / ____
MO DAY YEAR

Athlete's Risk Acknowledgement and Consent



NAME _____

DATE OF BIRTH _____ / _____ / _____ SOCIAL SECURITY # _____
MO DAY YEAR

HIGH SCHOOL ATTENDED _____

STATE OF HIGH SCHOOL LOCATION _____

GRADUATION DATE _____ / _____
MO YEAR

WHEN DID YOU ENROLL IN COLLEGE FOR THE VERY FIRST TIME? _____ / _____
MO YEAR

HAVE YOU ATTENDED ANY OTHER COLLEGE? YES or NO

IF YES, WHICH ONE? _____

WHAT MONTH AND YEAR? _____ / _____
MO YEAR

I wish to participate in the sport of _____ at Rainy River Community College. I realize that there are risks involved in my participation. I understand that the risks include a full range of injuries, from minor to severe. I recognize the possibility that I might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of my participation in this sports program. I realize that neither the protective equipment nor padding used in the sport, the safety rules and procedures of the sport, the coaching instruction I receive, nor the sports medicine care I am provided will guarantee my safety or prevent all injuries I might sustain. It is still my desire to participate in the above sport, and I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport.

Signature of Student _____ Date _____ / _____ / _____
MO DAY YEAR

Parents Signature _____ Date _____ / _____ / _____
(if student is under 18 years of age) MO DAY YEAR

Athletic Insurance Policy



Student/Athlete _____ Sport _____

The National Junior College Athletic Association, Minnesota College Athletic Conference, and Rainy River Community College require every athlete to have a current physical examination **prior to practicing or playing**. These organizations also require documentation regarding adequate insurance coverage **prior to practicing or playing**.

Rainy River Community College does **NOT** provide or carry athletic, medical, or accident insurance for athletes. Therefore, it is recommended that student-athletes not covered by individual or parental insurance policies, immediately acquire insurance coverage **prior to practicing or participating**.

1. Since Rainy River Community College carries no health insurance to cover athletics, this form must be signed and returned **before** athletic participation.
2. The Student and parent (if student is under 18) should sign below if hospital insurance is in force. Also, please give company name and policy number to indicate current coverage.
3. The Ontario Health Plan does not provide full coverage in the United States.

.....

I carry accident or hospital insurance, or am covered by such insurance which will cover expenses in case of injury incurred during practice, competition, or travel. I will not hold Rainy River Community College responsible for injury related to athletic participation.

Insurance Company _____ Policy _____

Signed _____ Date _____

Parent Signature _____ Date _____

.....

I carry NO accident or hospitalization insurance and, though I realize the injury risks associated with intercollegiate athletics, will not acquire adequate coverage. I will NOT hold Rainy River Community College responsible for injury relative to athletic practice, competition, or travel.

Signed _____ Date _____

Parent Signature _____ Date _____

(if student is under 18 years of age)



Rainy River Community College Physical Examination

Name of Student _____

Date of Exam ____/____/____

Sport(s) _____

Blood Pressure _____

Height _____

Heart _____

Weight _____

Thyroid _____

Birth Date _____

Lungs _____

Age _____

Abdominal Organs _____

Other Remarks: _____

Cardiac Stress _____

Hernia _____

Orthopedic Defects _____

Date: _____

Signed: _____

(Physician)