**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

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Below for office use only, do not complete

<table>
<thead>
<tr>
<th>Previous Full Time Term</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours Earned</td>
<td>Hours Earned</td>
</tr>
<tr>
<td>GPA</td>
<td>GPA</td>
</tr>
</tbody>
</table>
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)**

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<table>
<thead>
<tr>
<th>Blood Pressure</th>
<th>Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td>Weight</td>
</tr>
<tr>
<td>Thyroid</td>
<td>Birth Date</td>
</tr>
<tr>
<td>Lungs</td>
<td>Age</td>
</tr>
<tr>
<td>Abdominal Organs</td>
<td><strong>Other Remarks:</strong></td>
</tr>
<tr>
<td>Cardiac Stress</td>
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</tr>
<tr>
<td>Hernia</td>
<td></td>
</tr>
<tr>
<td>Orthopedic Defects</td>
<td></td>
</tr>
</tbody>
</table>

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**Date:** ____________  

**Signed:** ____________________________

(Physician)