

Dear Red Raven Athlete:

I would like to welcome you to Coffeyville Community College Athletics. I have been actively involved in Academic Advising for the past fifteen years and worked primarily in the Athletic Academic Advisor capacity for the past four years. I work directly with the coaches monitoring academic eligibility of athletic students as well as assisting with advising issues.

As a CCC Athlete there are steps that need to be completed prior to you arriving at Coffeyville. Once you have the pertinent information completed you should contact your advisor (coach) for enrollment. I have formulated this booklet with; terminology that is used on campus during enrollment, the steps that you will be required to complete and documentation required for your participation in Raven Athletics.

Please read and evaluate each of the documents carefully then complete the appropriate documents and return them as requested. If you have any questions please feel free to contact me at any time.

Good luck as a student athlete at Coffeyville Community College.

Kim Lay
Athletic Advisor
620.252.7135
Kimlay@coffeyville.edu
FAX 620.252.7088

12 step -- Check List for Student Athletes

1. Complete an Application to Coffeyville Community College
2. Submit a Dorm contract with \$75.00 non-refundable deposit for the academic year
3. \$\$\$\$ -- Student Athletes that are planning to attend CCC during the summer semester (June) 2010 right after high school are encouraged to complete the FAFSA Form with tax information from 2008 www.fafsa.ed.gov Contact Tonya Libby tonyal@coffeyville.edu - 620.252.7030 or Joy Findley joyf@coffeyville.edu - 620.252.7079 for more information. **REMEMBER THAT THE FINANCIAL AID INFORMATION IS DATE SENSITIVE. CCC Financial Aid Code is 001910.**
4. \$\$\$\$ -- Student Athletes that are coming in the fall (August) of 2010 should complete the FAFSA form with tax information from 2009 www.fafsa.ed.gov Contact Tonya Libby tonyal@coffeyville.edu - 620.252.7030 or Joy Findley joyf@coffeyville.edu - 620.252.7079 for more information. **REMEMBER THAT THE FINANCIAL AID INFORMATION IS DATE SENSITIVE. CCC Financial Aid Code is 001910.**
5. Athletes who want to be pre-enrolled before they graduate or before they have an official transcript from their High School must have a **letter from the High School counselor** on school letterhead that states the student athlete is on track for graduation by May of 2010. The letter must be signed and dated by the counselor or Principal of the High School.
6. Contact your advisor (Coach) for enrollment
7. Before attending and participating in the sport a CCC Student Athlete must complete the medical and insurance information.
8. After High School graduation the CCC registrar must have a completed official transcript from the High School with graduation date and it must **not** be opened by the student. **The registrar must have the official transcript by June 15.** This official transcript is for eligibility purposes.
9. All Students must supply ACT/SAT or Compass testing before they can be enrolled in math or English courses at CCC. If the student has not taken the ACT/SAT or the Compass test which is available on CCC campus. The scores are used for placement during enrollment and can be faxed to Kim Lay at 620.252.7088.
10. *****Transfer** students must supply an official High School transcript with graduation dates for eligibility purposes in addition to official transcripts from any previous colleges attended.
11. *****Transfer** students will not be enrolled without a transcript from previous college or colleges
12. Once the student has enrolled the student may **finalize** at any time. **Finalize is making payment or payment arrangements for any amounts that will be due after scholarships and financial aid is applied.** This process can be completed from our website through e-Cashier/FACTS.

CCC Glossary

Advisor

- An advisor is the person who will help you choose your classes for the semester and will help you with your 2-year plan for college. The advisor can be your sponsor, Coach or Activity Director.

Business Office

- The office that you make any final arrangements for payment of your semester at CCC. The business office is located in the Arts & Science Building.

COMPASS Test

- Coffeyville Community College has a test on campus that can be taken when a student does not have ACT /SAT scores for placement. The first COMPASS test is free if the student does not have any placement scores. If a student desires to try to better the placement of the scores, the COMPASS test will cost the student \$10.00 per test and there are 4 different tests: reading, writing, math and science, which could add up to \$40.00.

Enrollment

- Actually picking out classes and times of classes for the semester. First time freshman cannot be enrolled without placement scores.

FAFSA

- Government application that is based on the income of the parent/parents. A student must qualify with the FAFSA to receive any Financial Aid. FAFSA is FREE and can be reached from our Coffeyville website www.coffeyville.edu or online at www.fafsa.edu.gov. **CCC Financial Aid code is 001910.**

Finalized

- Finalizing is when the student has either made payment or payment arrangements with the business office or online through the e-cashier on our website www.coffeyville.edu for any amount of the bill that scholarship or financial aid does not pay; i.e.... fees, housing, and deposit.

Financial Aid

- Government money that is awarded after the student completes the FAFSA paper work. The FAFSA is based on the income of the parent/parents. A student must qualify to receive Financial Aid.

Pell -- Pell Grant

- Government money that has been awarded to a student after he/she has qualified with the FAFSA, which is based on the income of his/her parents. This money is applied to the students bill and if any money is left after the bill is paid it is given to the student

Placement Scores

- ACT / SAT or Compass Test scores. Placement for English and math classes.
- ACT code 1398 SAT code 6102 Compass Test – CCC
- (See Page 4 – Placement scores)

Work Study

- To qualify for work study the student must complete the FAFSA form.

PLACEMENT SCORES

COMPASS Scores

Writing

23 or below	Developmental English
24 – 54	Written Communication
55 +	English Composition I

Reading

Students scoring below a 72 need to enroll in Reading Skills

Math

Pre-Algebra Test

0 – 23	Elements of Math
24 – 100	Introductory Algebra

Algebra Test

0 – 30	Introductory Algebra
31 – 44	Intermediate Algebra
45 – 100	College Algebra

College Algebra Test

0 – 43	College Algebra
--------	-----------------

Compass Ability to Benefit

Writing	32
Reading	62
Pre-Algebra	25

ASSET Ability to Benefit

Writing	34
Reading	34
Numerical	33

ACT Scores

English

12 or below	Developmental English
13-15	Written Communication
16 or above	English Composition I

Math

12 or below	Elements of Math
13-15	Introductory Algebra
16-19	Intermediate Algebra
20 or higher	College Algebra

SAT Scores (3/2009)

Verbal

330 or below	Developmental English
400-340	Written Communication
410-higher	English Composition I

Math

260-lower	Elements of Math
370-270	Introductory Algebra
470-380	Intermediate Algebra
480- higher	College Algebra

Important Notice for a Student Attending Summer School --- June

- Students must pay 50% at Finalization (the beginning of Summer Classes) -- a promissory note may be signed for the remaining 50% which will be due July 1
- Student must complete the Medical and Insurance documentation required to participate in the sport
- Students may go to Raven ACCESS and check their account once they are enrolled
 - o CCC web page – Raven ACCESS – Student ID# -- password
 - o Students can view their account to see if all Financial Aid paperwork is in place
 - o Students may also pay (finalize) via Raven Access

Remember

NO – SCHOLARSHIP FOR JULY - SUMMER II SESSION

Official High School Transcripts must be to the Registrar's office by June 15

Official College Transcripts must be to the Registrar's office by the first of August

**IMPORTANT INSURANCE INFORMATION
ATHLETES AND PARENTS/GUARDIANS
PLEASE READ
Coffeyville Community College Athletic Insurance Information
August 2010/May 2011**

The general health of all of our students at CCC is of great importance to us. In cooperation with area physicians and medical facilities, the College has agreed to gather information pertaining to our student-athletes in order to expedite service to them in the event of an illness or accident during their time at CCC. This information allows CCC to assist a health care provider in caring for your son/daughter should the need arise.

Coffeyville Community College provides secondary insurance for athletic injuries only. The college is not responsible for a students' illness or injury, which is not sport-related, or for any pre-existing sports injury or medical bills associated with a pre-existing injury. The secondary insurance pays what is "reasonable and customary" any charges that are over the reasonable and customary cost are the parents/guardians responsibility.

Secondary insurance means all medical bills must be submitted to the parent's insurance first. When an athlete is referred to a doctor or hospital, the athlete's insurance information is supplied to the entity for filing with the parent's insurance company. If the physician or medical facility does not file the bill with the parents' insurance company it will be the parent's responsibility to file the bill. If CCC should receive a bill, it will be forwarded to the parents for filing. CCC will not file claims with a parent's insurance company.

All medical bills need to be filed with CCC and/or the insurance representative within a timely manner. For the first visit the bills have to be filed within 30 days of the date of injury. All bills must be submitted within 60 days after the proof of loss. Any bill after this time may not be approved by the insurance company. Those bills will then become the sole responsibility of the parent/guardian and/or athlete.

Once a parent/guardian has received the EOB (explanation of benefits) and bill from their insurance company, copies of both documents should be submitted to the CCC Insurance Claim Processor. Upon receiving this information, CCC will file the appropriate paperwork with its secondary insurance company for payment of the remaining balance. If the insurance company makes payment directly to the parent/guardian, it is their responsibility to submit payment to the entity that performed the services.

It is the responsibility of an athlete and/or parent/guardian to inform CCC of any changes in their insurance. Failure to do so will make the athlete's bill(s) the full responsibility of said parent/guardian. CCC will not accept responsibility for a student-athletes' bill(s) when the parent/guardian has supplied false information or indicated no insurance coverage when in fact coverage exists. It is the responsibility of the student-athlete to report any sports-related injury to the CCC Athletic Trainer as soon as possible. The trainer will then determine if the athlete can be treated on campus or should be referred to other specialists. If an athlete goes to the doctor without the consent of a CCC certified trainer, except in a sports emergency, the expenses associated with such a visit become the sole responsibility of the athlete and/or the parents/guardian.

A student-athlete will not be excluded from sport participation if he/she has no insurance coverage. CCC's secondary coverage will take effect provided the athlete and parent/guardian have supplied the needed verification of no insurance coverage. Verification of no insurance means completing all the sections of the Insurance Questionnaire and signing the forms.

Please contact the following with any athletic insurance questions:

Jana Kastler (620)252-7360 -- Insurance Liaison

Rick King (620)252-7116 -- Athletic Trainer

Required Medical and Insurance Documents for Student Athletes

Coffeyville Community College's insurance requires the College to have information on file for each athlete. The Insurance Information must be filled out completely. An athlete must have the appropriate forms on file with the Coffeyville Community College Athletic Training Department prior to the first day of practice/participation. If the athlete does not have association with parents, it should be noted on the Medical Insurance Questionnaire by the parent's name. An athlete may not practice and/or participate in his/her chosen sport until the following information has been received by the CCC Athletic Training Department.

1. Physical – CCC Athletic Medicine-Medical Evaluation (Form 1-A)
 - a. Each Student Athletic is required to have a Physical Examination administered by a qualified health care professional (specifically an M.D, D.O., Physicians Assistant, Nurse Practitioner) prior to arrival on campus and prior to the first practice, for each academic year in which they practice/compete/participate
2. Copy of Insurance card –(front & back) – which the athlete is covered (Form 2-A)
3. Coffeyville Community College Insurance Information/ Athlete's Personal Data (Form 3-A)
4. CCC Medical History Questionnaire (Form 4-A)
5. "Standing" Pre-Incident Form/Letter (if possible) – from Physician or Insurance company (Form 5-A)
6. Reading and Signature of the Policy and Procedures for Drug Testing (Form 6-A)
7. Assumption of Risk and Release of Liability (Form 7-A)

Thank you for your attention to this sensitive matter for your Athletic Student. If you have any questions about the forms, please contact us as soon as possible. Please return all forms to your Coaches offices or to Kim Lay Athletic Advisor.

Rick King, Athletic Trainer
Vanessa Martin, Assistant Athletic Trainer
620.252.7116
Fax – 620.252.7010

CCC ATHLETIC MEDICINE - MEDICAL EVALUATION

NAME _____ RACE _____ AGE _____ DATE OF BIRTH _____ SPORT _____
 HOME ADDRESS _____ TEL. NO. _____ CIRCLE COLLEGE YEAR 1 2 3
 COFFEYVILLE ADDRESS _____ TEL. NO. _____ HIGH SCHOOL ATTENDED _____
 PARENT OR GUARDIAN _____ ADDRESS _____ TEL. NO. _____
 FAMILY PHYSICIAN _____ ADDRESS _____ TEL. NO. _____
 CIRCLE: SINGLE MARRIED DIVORCED WIDOWED MALE FEMALE SOCIAL SECURITY NO. _____

MEASUREMENTS AND OTHER FINDINGS

1. HEIGHT _____ 2. WEIGHT _____
 3. BLOOD PRESSURE (Arm at heart level) _____
 Systolic _____
 Diastolic _____
 4. PULSE (Arm at heart level) _____
 5. DISTANT VISION _____
 Right 20/ _____ Corr. To 20/ _____
 Left 20/ _____ Corr. To 20/ _____

CLINICAL EVALUATION

(Check each item in appropriate column)

Normal enter "NE" if not evaluated Abnormal
 6. Ears - General (Int. & Ext. Canals) _____
 7. Eyes - Ocular Motility -Pupils _____
 8. Nose _____
 9. Mouth & Throat _____
 10. Abdomen & Viscera _____
 11. Genitalia _____
 12. Heart _____
 13. Lungs & Chest _____

Notes: (Describe every abnormality in detail. Enter pertinent item number before each comment.)

ORTHOPEDIC EVALUATION

(Check each item in appropriate column)

Normal enter "NE" if not evaluated Abnormal
 14. Neck _____
 15. Upper Extremities _____
 16. Low Back _____
 17. Lower Extremities _____
 18. Knee _____
 19. Ankle _____

Notes: (Describe every abnormality in detail. Enter pertinent item number before each comment.)

X-RAY REQUEST

URINALYSIS

Designate by each with negative (-), positive (+), or trace (T).

Protein _____
 Glucose _____
 Blood _____

CONSENT TO RELEASE MEDICAL INFORMATION

I _____ hereby authorize any medical personnel, insurance company, physician, hospital, athletic trainer, dean of students, coaches or other persons who have attended or examined the claimant to disclose any information with respect to any injury, policy coverage, medical history, consultation, prescription, treatment or rehabilitation and copies of all medical records.

Signature _____

EXAMINATION RESULTS

Accepted _____

Rejected _____

Explain reasons for rejection: _____

Trainer _____

Physician - (MD, DO, Physicians Assistant, Nurse Practitioner)
 Coffeyville Community College / 400 West 11th
 Coffeyville, KS 67337 / 620.251.7700



EXAMPLE

Copy of Insurance Card

Front of Insurance Card:

Employee Medical, Dental & Vision Identification Card	Preferred Community Choice PPO
Employee <i>First name Lastname</i>	Group # 9999
	ID # 123-45-6789

Back of Insurance Card:



All Medical Providers: Send claims to Preferred Community Choice PPO.
P.O. Box 3270 • Tulsa, OK 74101-3270

Please Note: For any non-emergency inpatient hospital admission pre-certification is required at least 48 hours prior to admission. Managed Care 2000 must also be notified within 48 hours for all emergency inpatient admissions. Eligible expenses will be reduced by \$100 per individual if pre-certification is not utilized. Regular office hours are Monday through Friday 8:00 - 4:00 Central Standard Time. An answering service is available 24 hours a day.

To Hospital: Forward charges directly to Preferred Community Choice PPO.
To Doctor: Forward charges directly to Preferred Community Choice PPO.
To Dentist: Forward charges directly to Administrator.
To Employee: Forward any charges received by you directly to Preferred Com. Choice PPO.

Note: To expedite payment, please identify your Group and Social Security numbers on all claims submitted.

ADMINISTRATOR
Corporate Benefit Services of America, Inc.
P.O. Box 27267
Minneapolis, Minn. 55427-0267
Claims 1-800-925-2272
Pre-authorization 1-800-542-6355

  **INTERMOUNTAIN BENEFIT ADMINISTRATORS**

CBSA 24 Hour Automated Claim Info Line: 1-800-566-9311

COFFEYVILLE COMMUNITY COLLEGE
Insurance Information
August 2010/May 2011

Form 3-A

SECTION A **ATHLETE'S PERSONAL DATA** **SPORT** _____
Name _____ SS# _____
Date of Birth _____ Last _____ First _____ Middle _____ Sex _____ Home Phone _____ Cell Phone _____
Home address _____
Street _____ City _____ State _____ Zip _____
Local address _____
Street _____ City _____ State _____ Zip _____

SECTION B **INSURANCE INFORMATION**
Please circle the appropriate response:
1. Do you have Medical Insurance? Yes No
IF YES, PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.
2. Are you covered by: Parent's policy Own
3. Is this a managed health care plan? i.e. HMO or PPO Yes No

SECTION C **STATEMENT OF PARENT OR GUARDIAN OR SPOUSE**
Must be filled out completely, even if you do not have medical insurance.
Father's name _____ Home address _____
City _____ State _____ Zip _____
Father's date of birth _____ Email address _____
Mother's name _____ Home address _____
City _____ State _____ Zip _____
Mother's date of birth _____ Email address _____
Spouse's name _____ Home address _____
City _____ State _____ Zip _____
Spouse's date of birth _____ Email address _____

EMPLOYER INFORMATION
Father's employer _____ Home phone _____ Cell phone _____
Employer' address _____ Bus. phone _____
Mother's employer _____ Home phone _____ Cell phone _____
Employer' address _____ Bus. phone _____
Spouse's employer _____ Home phone _____ Cell phone _____
Employer' address _____ Bus. phone _____

SECTION D **ATHLETIC INJURY INSURANCE LETTER**
I hereby acknowledge that I have received and read the Coffeyville Community College's Athletic Injury Insurance participant's information packet. I understand the extent of the College's responsibility to an athlete who becomes injured as a result of participation in the intercollegiate sports program at Coffeyville. I also understand there is an assumed risk involved in playing intercollegiate athletics. I hereby authorize any medical personnel, insurance company, hospital, physician, Athletic Trainer, Dean of Students, coaches, Athletic Director or other person who has attended or examined the claimant to disclose any information with respect to any injury, policy coverage, medical history, consultation, prescription, treatment or rehabilitation and copies of all medical records. A photo static copy of this authorization shall be considered as effective and valid as the original. **PERMISSION IS HEREBY GIVEN FOR EMERGENCY TREATMENT, FOR ROUTINE IMMUNIZATIONS, X-RAYS OR TESTS FOR DIAGNOSIS AND HOSPITALIZATION IN CASE OF SERIOUS ACCIDENT OR ILLNESS. ALL OF THE ENCLOSED QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.**

BOTH SIGNITURES ARE REQUIRED!!

Signature of Parent/Guardian Student's Signature

SECTION E **IN CASE OF EMERGENCY CONTACT**
Name _____ Relationship _____ Phone (H) _____ (W) _____
Address/City/State/Zip _____

Coffeyville Community College Medical History Questionnaire

This **Medical History Form** must be completed *annually* by the student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name _____ Male Female Date of Birth _____ Sport _____

Local Address _____ Phone _____

Street City State Zip

In case of emergency contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination.

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you ever gotten unexpectedly short of breath with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart or skipped heart-beats? | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, check appropriate box and explain below. | | |
| Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip | | |
| Has any family member or relative died of heart problems or of sudden unexpected death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh | | |
| Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee | | |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf | | |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle | | |
| 4. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot | | |
| Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many times? _____ | | | Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| When was the last concussion? _____ | | | 17. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| How severe was each one? (explain below) | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | Females Only | | |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> | 19. When was your first menstrual period? | _____ | |
| Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | When was your most recent menstrual period? | _____ | |
| 5. Are you missing any paired organs? | <input type="checkbox"/> | <input type="checkbox"/> | How much time do you usually have from the start of one period to the start of another? | _____ | |
| 6. Are you under a doctor's care? | <input type="checkbox"/> | <input type="checkbox"/> | How many periods have you had in the last year? | _____ | |
| 7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | What was the longest time between periods in the last year? | _____ | |
| 8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 9. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Explain "YES" answers below (attach another sheet if necessary) | | |
| 10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 11. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 12. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |

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

Student Signature _____ Date _____

August 2010/May 2011

Dear Parent/Guardian:

Today, most health care insurance involves some form of managed care like an HMO/PPO-type of coverage. Many of these policies will not cover treatment outside of the service area without a referral. Therefore, it could be very beneficial to your son/daughter to have a “standing” Pre-Incident Form/Letter on file with us in case of an injury/illness.

Insurance companies will not give a referral to the College. Many companies provide their own referral form and/or will provide a list of contracted health care providers. Supplying CCC with this information, along with the athlete’s health history, would be of great help.

Below is an example of a simple request a parent/guardian could write to their Primary Care Physician or insurance company for the preferred information.

To Whom It May Concern:

My son/daughter will be attending Coffeyville Community College on an Athletic scholarship beginning August 2010. He/she will be away from home and out of your service area from August 2010 until May 2011. I am asking you for a “standing” pre-incident referral/letter in the event he/she gets sick or injured and would need to seek medical care while attending Coffeyville Community College.

COFFEYVILLE COMMUNITY COLLEGE

Policy and Procedures for Drug Testing

August 2010/May 2011

POLICY:

Coffeyville Community College, Coffeyville, Kansas believes the use of drugs can have a negative effect on the performance of the student in the classroom, in extra-curricular activities and in the Residence Hall. A Drug Education, Screening and Counseling Program for our students is necessary to maintain a wholesome atmosphere to protect the health and safety of students and to promote drug awareness among students.

EDUCATION:

Education is an integral part of our program. Along with individual counseling to those students who request it, we offer a one-credit hour course, "Problems in Psychology: Drugs and Alcohol Abuse", to address these issues.

PROCEDURES/GUIDELINES:

1. An appropriate consent form will be signed by all students who receive an athletic/activity scholarship or who reside in the Residence Hall. Failure to complete and sign the consent form shall prevent the student from participating or residing in the Residence Hall.
2. Appropriate documentation (such as informed consent) and student rights and responsibilities will be maintained for every student.
3. Coffeyville Community College and all others associated with the drug-screening program will maintain and respect the confidentiality of the student.
4. If a student believes the disciplinary action is inappropriate, he/she may appeal the case. To be considered, an appeal must be submitted in writing three days after the receipt of the disciplinary disposition and must include a clear statement of the grounds on which the appeal will be based. This appeal must be given to the Executive Vice President for College Affairs and Student Services and will follow the procedure outlined in the student discipline code.
5. All students who receive an athletic/activity scholarship or who reside in the Residence Hall will be given a written explanation of all procedural aspects of the testing.

6. All students who participate in extra-curricular activities or who reside in the Residence Hall will be given a written explanation of the consequences of a positive test result.
7. A student who tests positive should have the right to obtain an independent second test from the split specimen method at his/her own expense. The student must notify the Executive Vice President for College Affairs and Student Services or the Director of Athletics within twenty-four hours of the disciplinary meeting if he/she wishes to exercise their right of a second test.
8. The Executive Vice President for College Affairs and Student Services or the Director of Athletics is responsible for the development, coordination and implementation of the drug education program.

SCREENING:

Students receiving grant-in-aid, students associated with athletic/activity program or students residing in the Residence Hall may be required to participate in a drug screening program.

- A. Ten percent of the students in each program may be selected by an outside source through a random method each month to participate in the screening.
- B. The Dean of Student Services, Director of Athletics and the School Nurse will determine the appropriate dates each month for the testing to take place.
- C. The screening will be a urinalysis test (urine chemical analysis). Drugs to be tested for include, but will not be limited to, “street drugs”—amphetamines, cocaine, cannabinoids (marijuana), barbiturates, benzodiazepines, ecstasy, hallucinogens, opiates, propoxyphen, methaqualone, phencyclidine, anabolic steroids and other performance enhancing drugs, such as steroids.
- D. A student may be tested when there is a reasonable suspicion of drug use based on specific observation by a CCC employee or a complaint by an individual residing in the Residence Hall. The observation may include appearance, behavior, speech or odors such as but not limited to abnormally dilated or constricted pupils, glazed stare, redness of eyes, abrupt mood swings, performance faltering and odors.
- E. The testing may be announced or unannounced (random testing).
- F. Urine voiding shall be observed by the collection site individual a person of the same gender as the student, and one not associated with the athletic/activity program or Residence Hall.
- G. Immediately after (within four minutes) the specimen is collected, the collection site person may measure the temperature and specific gravity of the sample. If the temperature is outside the range of 32-38 degrees C (90-100 degrees F) it will be considered an invalid test and another sample will be provided. A student may volunteer to have his/her oral temperature taken to provide evidence that the sample is valid.

- H. If the specific gravity of sediment is lower than 1.010, the sample will also be considered an invalid test and another sample will be provided. If after multiple samples, the specific gravity of sediment fails to reach acceptable limits, the test will be considered positive. A student does have the right at his/her own expense to have a licensed physician validate the low specific gravity by providing evidence that another medical condition exist.
- I. A split specimen method of collection shall be used. A minimum of 45mL of urine is required. If the volume is less than 45mL, a student may be given a reasonable amount of liquid to drink. For example an 8 ounce glass of water every 30 minutes not to exceed a maximum of 24 ounces.
- J. The collection site person, in the presence of the student, after determining specimen temperature and specific gravity will pour at least 15mL into bottle B. Bottle A containing a minimum of 30mL will be used for the initial test.
- K. The student will witness the sealing of their specimen bottles personally. The student will sign a master list next to the numbers that correspond with the numbers on their specimen bottles.
- L. The School Nurse will be responsible for arranging transportation to and the testing of the specimen in Bottle A at a professional screening laboratory. Bottle B will be secured in a locked freezer storage unit. Coffeyville Community College school nurse and physician will be the only individuals with access to the above storage unit.
- M. If the test of the first specimen bottle is verified positive by the professional screening laboratory, the student may request that Bottle B be transported to a different certified laboratory. The student must request within twenty-four hours of the disciplinary meeting that he/she would like for Bottle B to be tested. The student shall be responsible for the cost of testing Bottle B.
- N. If the result of the test on the second specimen bottle (Bottle B) fails to reconfirm the results for Bottle A, no positive test result shall be recorded.
- O. A positive test is defined as one in which a prohibited drug is found in the urine specimen. Failure to provide a urine specimen at the designated time or any attempt to alter the integrity of the urine specimen and/or collection process will be treated as a positive test result.
- P. The analyzed results will be sent to the Coffeyville Community College physician and the Executive Vice President for College Affairs and Student Services or the Director of Athletics.

ACTION:

Positive results will result in action taken by Coffeyville Community College. The student may appeal any decision through the student grievance procedure.

First Positive:

The Coffeyville Community College physician will consult with the Executive Vice President for College Affairs and Student Services or the Director of Athletics.

The Executive Vice President for College Affairs and Student Services and/or the Director of Athletics will counsel the student. During this session the Head Coach/Activity Sponsor and the Director of Student Life may also be present when informing the student of the following actions:

- i. The student may be subject to monthly testing throughout his/her tenure at Coffeyville Community College.
- ii. The student will be required to call his/her parent or guardian and inform them of the incident and the consequences.
- iii. The student will be required to take monthly drug tests. After two months of negative results, the student may be returned to the program pool for random selection.
- iv. The student will be notified in writing and asked to sign documentation acknowledging the consequences of future positive test results.
- v. The student may incur program restrictions imposed by the coach/activity sponsor.
- vi. All documentation will remain confidential in the Executive Vice President for College Affairs and Students Services/Director of Athletics office. Authority to review drug-testing results is restricted and authorized persons viewing the information will be required to sign for the information.

Second Positive:

A second positive result received within the same academic year for urinates will result in the following consequences:

- i. Immediate removal of institutional grant-in-aid.
- ii. Removal from program participation.
- iii. Removal of any institutional on campus jobs.
- iv. Removal of the privilege of residing in any institutional housing.
- v. Parents of the student will be notified of the positive findings.

Coffeyville Community College

CONSENT AND WAIVER

By my signature at the bottom of this document, I acknowledge I have received a copy of the Coffeyville Community College Policy and Procedures for Drug Testing, and I have read and reviewed that Policy and understand that I will participate in a drug testing program as outlined in the Policy and Procedure document and that I hereby voluntarily consent to participating in the program and voluntarily waive any objections that I may have with respect to participating in such a drug screening program.

I understand that the results of a positive test may result in loss of grant-in-aid or other support or privileges and agree to be financially responsible to Coffeyville Community College for any obligations, which result from such action.

I understand and agree that positive test results may be provided to my parents or legal guardian.

Date

Signature

Print or Type Name

Sport or Activity Participating In

COFFEYVILLE COMMUNITY COLLEGE

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

INTRAMURAL SPORTS/STUDENT ACTIVITIES/WELLNESS CENTER

Participation in intramural sports, open gym, student activities, and fitness activities in the Wellness Center and/or any location owned, leased or operated by Coffeyville Community College may involve certain risks and hazards that may result in physical injuries to me or even death. I also understand that there are potential risks of which I may not presently be aware.

In consideration for being allowed to utilize the programs, activities, services, facilities and equipment at Coffeyville Community College, I understand and realize that my participation in any and all programs or activities is VOLUNTARY.

Additionally I realize that Coffeyville Community College does not insure participants in the above described activities and that any coverage would be through my personal insurance and that CCC has no responsibility or liability from injury resulting from these activities.

I represent that I am in excellent physical condition to participate in the various activities listed in the above paragraphs. I authorize any person connected with the activity or Coffeyville Community College to administer first aid to me, as they deem necessary. I further hereby give my legal consent and authorize any representative of CCC to authorize emergency medical treatment and/or transportation to a medical facility or hospital which may be deemed advisable in the event of injury, accident or illness during an activity or event at my expense.

This release, indemnification and waiver shall be construed broadly to provide a release, indemnification and waiver to the maximum extent permissible under applicable law. A photocopy of this document shall have the same force and effect as the original.

I the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation.

NAME; _____ (Please print)

SIGNATURE _____ DATE _____