

VERNON COLLEGE

Athletic Policy &
Procedure Manual

Chaparrals

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INTRODUCTION

This policy manual was written to state the philosophy, goals, and operating procedures of the Department of Athletics at Vernon College. This manual is to further the mission and vision statement of Vernon College and in no way supersedes any policy of the college. Any general information concerning policies and procedures not contained in this manual can be found in the Vernon College *Policy and Procedure Manual* or the Vernon College *General Catalog*.

All questions or concerns not answered by this manual should be directed to the Athletic Director or the President.

Vernon College operates a competitive intercollegiate athletics program consisting of men's baseball, men's and women's rodeo, women's fast-pitch softball, and women's volleyball.

Vernon College Athletic Department Mission Statement

Vernon College believes in the whole "student athlete". With quality program offerings, student athletes are provided an opportunity to attend a recognized academic institution and experience college campus life. Student athletes are given the opportunity to grow, mature, and develop not only as athletes but also as students in the pursuit of knowledge and life skills.

The purposes of the athletic programs are as follows:

- (1) To provide student athletes with quality academic programs. To guide and assist student athletes in obtaining a two-year degree which will prepare them for further study or occupational careers.
- (2) To provide an atmosphere in which a student athlete can compete safely and effectively and, at the same time, learn to manage his/her life in such a way that he/she may gain life skills.
- (3) To allow students at Vernon College to experience intercollegiate competition and provide a basis for further athletic participation.

GOALS

The primary goal of the Department of Athletics at Vernon College is to be successful in the development of well-rounded student athletes. Measurement of this success can be performed in a variety of ways, with a meaningful balance between the following categories.

ACADEMIC ACHIEVEMENT

Most important to the future of a student athlete is success in the classroom. To claim success on the athletic field, the athlete must also advance in the academic arena. With this in mind, Vernon College strives to graduate athletes with an associate degree.

ATHLETIC ACHIEVEMENT

Team success is the most important goal; however, successful teams are composed of successful individuals. The Department of Athletics strives to have quality coaches, teams, and facilities.

COMPETITION

Vernon College competes in Region V of the National Junior College Athletic Association Division I and the Southwest Region of the National Intercollegiate Rodeo Association. The competitions are financed and supported by the college and the community.

PERSONAL ACHIEVEMENT

Teamwork, communication skills, a sense of personal satisfaction, reinforcement of positive attitudes, and self-discipline are traits that will benefit the athlete personally and socially in the years after organized athletic participation at the community college level. Vernon College student athletes are exposed to a wealth of positive values and skills that will form the basis of their future.

SCHOOL IMAGE

The Department of Athletics is one of the most visible ventures of Vernon College. Therefore, the image in which it is portrayed must always be positive. Whether at the local, state, regional, or national level, the student athletes and Department of Athletics staff must be a positive reflection of the College and the community by their attire, speech, attitude and actions.

CHAIN OF COMMAND

Each Vernon College athletic team is lead by a head coach. The Baseball, Softball, and Volleyball programs all also have an assistant coach who reports directly to the head coach. All head coaches report directly to the Athletic Director. The Athletic Director reports directly to the Vernon College President. The Vernon College President reports to the Vernon College Board of Trustees.

EVALUATIONS

All personnel will be evaluated annually. This evaluation will be completed by the Athletic Director. The Athletic Director will be evaluated by the President.

This evaluation will occur between Jan 1 and March 1 of each year. Each staff member assigned teaching responsibilities will also be evaluated by the Division Chair and the Dean of Instruction each semester.

FACILITIES

There are many different facilities on the Vernon College campus that are utilized, supervised and operated by the Department of Athletics.

DR. THOMAS A. and ETHEL KING PHYSICAL EDUCATION CENTER

The King Center is the home of the Lady Chaparral volleyball team. This facility is used for physical education classes, student activities, community recreation events and athletic team competition. The King Center may be used by several different programs. Coaches must cooperate for the scheduling of these facilities. In-season sports have priority over other sports. Volleyball has priority in the fall and baseball and softball have priority in the spring. Scheduled academic classes and previously scheduled events take priority. Every effort should be made to allow students and community recreation members' access.

JOE CHAT SUMNER RODEO COMPLEX AND JOHN MAHONEY ARENA

Practice facilities, rodeo stock, and stalls are located on the northwest corner of the campus. Vernon College rodeo participants may keep their horses on campus and use the facilities for practice. Vernon College annually hosts an intercollegiate rodeo in Vernon, TX.

BOB & ANNA WRIGHT BASEBALL FIELD

Chaparral Field is located on the north side of the campus. In addition to the intercollegiate baseball schedule, area high school games, camps, and practices are conducted at this location.

WADE KIRK SOFTBALL FIELD

Wade Kirk Softball Field is located on the west side of the campus. Besides being the home of the Lady Chaparral softball team, the facility is also available for area competition, camps, and tournaments.

INTRAMURAL and RECREATION FIELDS

Vernon College has several areas located on campus designed for recreation and intramural use including flag football, softball, sand volleyball, tennis and outdoor basketball fields and courts.

USE OF ATHLETIC FACILITIES

Vernon College is very proud of its athletic facilities. The college welcomes the use of these facilities by high schools and other institutions as long as it does not conflict with the games or practices of the college's intercollegiate teams. The following procedures should be adhered to when Vernon College's athletic facilities are used.

1. When inquiries are made about the use of the facilities, the inquiring party should be referred to the facility manager (coach/athletic director).
2. A facility reservation form must be completed by the Vernon College employee primarily responsible for the facility requested. The form should be completed and approved by the Athletic Director as soon as possible in order to assure that other college personnel (security, maintenance, etc.) are notified of the event in a timely manner.
3. Listed below are the present fees charged for each facility. The fee structure is subject to change at any time and will be reviewed annually by the administration. These fees may be waived for certain events by the Athletic Director or the President.

Baseball Field - \$250 (per day)
 Basketball Court - \$250 (per day)
 Softball Field - \$250 (per day)
 Tennis Courts - \$250 (per day)
 Volleyball Court \$250 (per day)
 Rodeo Arena - \$250 (per day)

4. Vernon College personnel will be responsible for preparation and maintenance of the field or court before, during and after the event, as well as the scoreboard operation. The Office of Institutional Advancement should be informed to assure adequate newspaper, radio and television coverage which will help game attendance.
5. Upon receipt of fees, coaches will deduct approved expenses and submit the balance to the business office to be deposited in restricted accounts. This must be done in a timely manner. An itemized accounting will be kept in the Athletic Director's office. A copy of the Vernon College financial report for the playoff games/matches (Appendix P) will be sent to the Athletic Director.
6. An event such as a regular season or playoff game could involve a number of spectators. Vernon College strives to ensure that the teams are treated courteously and with respect. It is very important that the event is done in a professional manner.
7. Vernon College and Vernon Independent School District have had a long relationship in respect to using each others facilities. This practice will continue as long as facility reservation forms are completed and the appropriate Vernon College personnel are involved.

COLLEGE ADMISSIONS PROCEDURES – ALL PROGRAMS

1. An application for admission to Vernon College (Appendix B) should be completed as early as possible and returned to the Office of Admissions and Records. Applications are available from the Office of Admissions and Records.

Official transcripts from the high school of graduation or colleges or universities attended must be sent to the Office of Admissions and Records. Transcripts should be ordered as soon as possible and should arrive at least 30 calendar days prior to registration and should be sent by the transmitting institution to the Office of Admissions and Records in Vernon, Texas.

General Educational Development Test (G.E.D.) scores for students applying for admission by G.E.D. certificate should be provided as soon as possible to the Office of Admissions and Records in Vernon, Texas.

Upon receipt of the appropriate documents listed, the applicant will be notified of his/her acceptance. If notice is not received within fourteen calendar days after completion of the steps listed, the student should contact the Office of Admissions and Records.

Vernon College strictly follows the Texas Success Initiative (TSI) Laws developed by the Texas Higher Education Coordinating Board. TSI information is reviewed with each athlete by the athletic counselor. Developmental coursework in reading, writing, and/or math is available to each student athlete as applicable to ensure they can perform academic coursework at a college level.

Vernon College assigns an academic counselor to work closely with athletes and coaches. The athletic counselor strives to help student athletes maintain eligibility and accomplish their individual academic goals.

Student athletes are advised to register as early as possible to obtain the best class schedule conducive to both academic and athletic success. Student athletes are not provided special consideration during registration. If an athlete reports and registers late all applicable fees are charged.

ATHLETIC SCHOLARSHIPS/FINANCIAL AID

Vernon College offers scholarships in accordance with guidelines of the NJCAA and the NIRA. A scholarship may include all or partial monies for:

Tuition and Fees

Room and Board

Books and course-related material (Book Loan Program). This program is capped at \$625 per student per semester.

These scholarships may be divided by tuition and fees only or other combinations according to scholarship agreements between the coach and the student athlete. **Any government financial aid awarded may be used for part of the student athletic scholarship.**

The number of scholarships/letters of intent that may be awarded are limited by NJCAA, NIRA, NTJCAC, and Vernon College. These scholarships are awarded on athletic prowess and ability to participate in the academic process successfully.

Vernon College Scholarship monies will be used to help students complete an Associate in Arts or Science during their tenure at Vernon College. Student may declare a certificate major if they choose. Student Records will be evaluated each semester by the designated Athletic Counselor and Athletic Director to ensure that a degree plan is being followed. Students will not be allowed to take extra electives or classes not pursuant to their degree plan. Students who enroll in coursework without permission of the athletic counselor or enroll in coursework not outlined in their degree plan may be responsible for repayment of the tuition and fees assessed.

RECRUITING

PHILOSOPHY

There are several basic criteria for the recruitment of athletes in all programs.

Ability – To be competitive Vernon College must recruit talented athletes. Coaches must recruit students that can immediately contribute to the program.

Attitude – Athletes must work hard academically and athletically; therefore, they must have a positive attitude. A poor attitude causes dissension and diminishes the program.

Academic Achievement – All athletes at Vernon College must maintain the proper semester hours and G.P.A. set forth by the NJCAA or NIRA while progressing toward a degree.

COORDINATION

The recruiting process utilizes many areas of the college. The coach deals with each of these individuals or offices.

President – Sign letters of intent.

Athletic Director – Scholarship approval, travel, vouchers, purchase orders, student residence reservations, recruiting, and meal plans.

Financial Aid Office – Scholarship processing, grant applications, student loans, scholarship agreements.

Registrar's Office – Admissions, transcripts, pre-registration, etc.

Counseling Office – Athletic advisor to review TSI status, degree plans, and transcripts.

Maintenance – Insures that facilities are in proper condition.

Recruiting is a complex operation that never ends. The coaches are continually making contacts for future prospects. Recruiting for Vernon College is conducted within the guidelines of the NJCAA or NIRA. Coaches are required to know and follow the policies and regulations to the full spirit of their intent.

ACADEMIC GUIDANCE

At Vernon College a top priority of the Department of Athletics is the academic success of all student athletes. The College also has many policies that aid in this goal. A student athlete is given every chance for success through the following:

TESTING

Entering students are tested using Texas Success Initiative (TSI) guidelines and placed in areas of developmental coursework if needed.

MONITORING

Student athletes are monitored throughout the semester by the coaching staff using the Student Athlete Academic Progress Report. (Appendix D). The student athlete is expected to sign an Academic Achievement Consent Form (Appendix E) allowing the Department of Athletics to monitor their grades and attendance.

TUTORING

Tutoring is available through the faculty and the Proactive Assistance for Student Success (PASS) Center. Students are encouraged to make use of all services including individual tutors, study halls, PASS Center, developmental classes and the Learning Resource Center. In addition, each coach maintains athletic study hall hours for his/her team to encourage and promote good time management as well as staying current with academic class assignments.

ADVISING

Each student is required to receive academic advising from the athletic counselor. The counselor advises each student in an attempt to keep him/her on track for graduation and to meet eligibility requirements.

ACADEMIC INELIGIBILITY

Academic Ineligibility occurring during the season due to dropping below 12 credit hours or being administratively withdrawn from classes will result in disciplinary actions from the Vernon College athletic department. If withdrawn administratively, a student/athlete has 48 hours to re-instate their full-time status. This will also potentially result in the loss of scholarship monies, loss of dorm room and meal plan. A student/athlete can remain at Vernon College but must meet in person with the Athletic Director, Assistant Athletic Director and coach to ask for permission. If permission is granted the student must then meet in person with the Director of Student Housing for room reassignment. Students who lose eligibility will not be allowed to continue living in designated athletic rooms.

ATHLETIC ABSENTEE POLICY

Classroom absences are unexcused unless an athlete is on a College-sponsored trip. Vernon College faculty are sent a form signed by the Athletic Director and sent by the Department of Athletics prior to the explained absence for school-sponsored trips. Student athletes should make a sincere effort to communicate with faculty when team trips are planned thus being able to do homework assignments and tests prior to the explained absences. Ultimately it is up to the student athlete to take responsibility for his/her respective classes.

All coaches are expected to support the faculty and demand that all athletes participate in all classroom activities and assignments as required by each faculty member. Athletes who have unexcused absences or tardies in a class may be disciplined by his/her coach and/or the Athletic Director

STUDENT HOUSING

Student housing is under the supervision of the Dean of Student Services.

ATHLETIC RESPONSIBILITIES

Curfews are set by individual coaches and the Athletic Director.

When leaving town overnight, student athletes must notify their coach.

Head coaches and housing staff randomly and periodically check student athlete's rooms for cleanliness and student housing violations.

Coaches and assistant coaches provide assistance in supervision for the behavior of their student athletes while residing in college housing.

Other student housing regulations are listed in the Vernon College *Student Resident Handbook* available in student services. A sample housing contract is included. (Appendix G)

FISCAL AFFAIRS

BUDGETING

A budget is developed each spring by each head coach that reflects his/her anticipated needs for the following year. This budget request is then reviewed by the Athletic Director. The Athletic Director will meet with the Dean of Finance and the College President to finalize the budget request. After approval by the College Board of Trustees, the final budget is returned to the Athletic Director for distribution to the staff. Each coach is responsible for operating **within** their finalized budget.

PURCHASING

A budget must adhere to the stated policies of Vernon College. Every effort should be made to use all local vendors when possible. Some items purchased require a price quote form with three (3) vendor bids. (Appendix H) **All purchases** must be approved by receipt of a purchase order number **prior** to purchasing. A sample purchase requisition is included (Appendix I).

MAINTENANCE

Vernon College has a trained professional maintenance department. They are very important to the Department of Athletics because of the many functions which require the use of college facilities.

Proper procedures must be followed when requesting maintenance. A Work Request Form will be completed and turned in to the athletic secretary. Ample time should be allowed for completion of work requests.

KEYS

All campus keys are issued through the Director of Physical Plant. Coaches should never loan their keys to another person and should always keep keys in a safe place. If for some reason the Athletic Department keys are broken, misplaced or lost, notify the Athletic Director and the Director of the Physical Plant immediately so replacement procedures can be followed.

PUBLICITY OF PROGRAM

Each coach is responsible for promotion of the program.

Develop a rapport with individuals in the media and community to promote and publicize Vernon College athletics.

Report results of games or events to appropriate newspapers, radio, and television stations.

Work closely with the Director of Institutional Advancement to get information out that will help promote the program as well as highlight individual athletic achievement.

Seek opportunities to speak publicly in group forums about his/her sport, Vernon College, and Vernon College athletics.

Make an effort to recognize and acknowledge the individual athletic and academic achievements of their athletes.

SPECIAL EVENTS

Every effort will be made by each staff member to support other sports and activities at the College. There are several events that occur during the school year that demand mandatory attendance by all personnel.

Graduation Exercises
In-Service Program/Staff Development
Departmental Meetings
Assigned College Committee Meetings
Faculty Meetings (on request)
Sports Day
Sports Banquet
Honors Convocation
Special Events as assigned by the Athletic Director.

INTRAMURAL PROGRAM

Vernon College conducts an intramural program in the fall and spring semesters that provides a physical, social, and recreational outlet for all students. Student athletes are eligible for participation in all but their own sport. The intramural program is administered by the Director of Student Activities who reports to the Dean of Student Services. A successful intramural program is vital to campus life. Therefore, the athletic staff should always be cooperative.

ATHLETIC EQUIPMENT

All equipment issued to student athletes is the property of Vernon College and will be cared for in the proper manner. Only school approved equipment will be worn or used in practice or competition. It is the responsibility of each coach to see that this occurs. At the end of the season, all equipment should be taken up, cleaned, and stored for the next year. Vernon College constantly reminds all student athletes that when they wear apparel with the Vernon College name and logo on campus and/or off campus, they represent the college as a whole and their behavior should reflect positively upon the college.

When purchasing supplies or equipment, each department must follow policies and procedures outlined in the Vernon College *Policy and Procedures Manual*.

ATHLETIC TRAINING SERVICES

Vernon College employs a certified and appropriately licensed athletic trainer for all Vernon College athletes. The training services are available during games and practices. The trainer will make recommendations to coaches and athletes regarding ability to compete and will also make appropriate referrals to medical specialists when necessary. Vernon College also operates a student athletic trainer program which is administered under the strict guidance of the VC athletic trainer.

MEDICAL EXAMINATION POLICY

Vernon College requires that all athletes receive a physician's medical examination **before** any type of sponsored physical exercise. This is to include scholarship athletes and "walk-ons".

ATHLETIC INJURY/ACCIDENT POLICY

Any Vernon College athlete who is injured while participating in a practice, game, or during the performance of official Vernon College assigned duties, whether on or off campus, must report that injury as soon as possible to his/her supervising coach.

INJURY/ACCIDENT INSURANCE

The Vernon College athletic injury/accident policy which provides insurance for its athletes while participating in the play, practice, or assignment of official duties is "EXCESS" or "SECONDARY" to any other collectible group insurance benefits. This simply means that any claim for benefits must first be filed with the group insurance company providing coverage to the above mentioned person through his/her own, or his/her parent's and/or guardian's insurance company. A payment of medical expenses letter will be sent within three working days after initial injury to student/athlete's parent or legal guardian. All rodeo participants must be members in good standing in the NIRA which includes insurance coverage.

Vernon College is not responsible for injuries occurring:

to anyone not currently enrolled at Vernon College.
during an activity not related to the Vernon College athletic program
that are related to a pre-existing injury or condition.

ATHLETIC HEALTH INSURANCE

Vernon College does not carry health insurance on any of its athletes, however Vernon College makes a policy available for student to purchase.

ATHLETIC SUBSTANCE ABUSE and DRUG TESTING POLICY

Student athletes as well as all other Vernon College students live, compete, and perform in a drug-free environment. There is zero tolerance for illegal drug use. Punishment will be immediate removal from the team and violations will be reported to the Athletic Director, Director of Student Housing and Vernon College Campus Police for possible expulsion from Vernon College housing and expulsion from school.

Vernon College reserves the right to drug test any student athlete without prior notification. Drug tests will be administered by the Vernon College athletic trainer or appropriate staff member at no cost to the student. The Dean of Student Services/Athletic Director will be immediately notified if any athlete refuses testing. Refusal of drug testing can be used as grounds for dismissal from the team and residence halls. (See Appendix T)

STUDENT RIGHT TO KNOW

The Student Right to Know Report includes information concerning completion/graduation rates and transfer out rates for the general student body as well as consumer information relating to student athletes. The SRTK may be accessed at www.vernoncollege.edu or by contacting student services at (940) 552-6291 ext. 2203, or by writing Director of Student Relations, Government Mandated Information, Office of Student Services, 4400 College Drive, Vernon, Texas 76384.

VARSITY ATHLETICS GUIDELINES – PHED 1108/1109

Varsity athletes at Vernon College are required to dedicate many hours in their respective sport to practice, prepare, and play on an intercollegiate level. After successful completion of each semester (Fall/Spring) of the first year at Vernon College, the student athlete receives a one-hour credit which will be listed on his/her transcript. All student athletes must receive a course outline and/or a summation of the team rules at the beginning of the season indicating what is expected of them as a member in good standing on the team.

The following is a guideline to the grade that a student athlete may expect to receive after the completion of a semester.

GRADE A – Successful participation on the varsity team and/or completion of the season, including fulfilling the expectation of the sport as identified in the scholarship agreement and team rules.

GRADE B – Completion of the season, but failure to fully meet the expectation of the sport as identified in the scholarship agreement and/or team rules.

GRADE C – Completion of the season but serious failure to meet the expectation of the sport as identified in the scholarship agreement and/or team rules.

GRADE F – Failure to complete season in the specific sport. *

*Student athletes are encouraged to drop the varsity athletic class if they quit or are removed from the team (by coach and Athletic Director). It is the student's responsibility to officially withdraw from the course by the published deadlines. If a student athlete fails to drop the class before the published deadline, he/she may make an "F" for the semester.

RED SHIRT/ADDITIONAL ELIGIBILITY

All athletes are guaranteed five years in which to participate for four years in athletic competition in the NCAA. The NJCAA does not officially recognize the term "red shirt". There are three reasons/ways for a student athlete to be granted an extra/additional year of eligibility.

The student athlete does not accumulate enough academic hours to graduate at the end of the year; therefore, this person attends classes and practices, accumulates hours, but saves that year of athletic participation eligibility.

Red shirting can provide the student athlete with a year of practice to improve his/her skill level in order to be able to secure an athletic scholarship from a four-year institution.

A student athlete may be red shirted due to a season ending-injury. This must occur before the athlete engages in intercollegiate competition. If the student athlete participated in a single, sanctioned athletic contest, he/she will have to apply for a medical hardship waiver from the NJCAA. If the waiver is granted the student athlete may be awarded another year of athletic competition.

ADMINISTRATIVE TRAVEL

Throughout the year there is much off-campus travel involving staff and athletic teams. This travel includes games, meets, matches, rodeos, scouting, clinics, recruiting, and meetings. All college travel must be approved **prior** to departure. Types of travel and procedures are listed below.

INDIVIDUAL TRAVEL

Travel Request Form (Appendix N)

Routine Travel Request Form (Appendix M)

Travel Itinerary (i.e. hotel, route, etc.) and turned in to the athletic secretary

Only qualified and appropriately licensed drivers may drive college vehicles. A valid driver's license is required to drive college vehicles. Regular drivers should have a driving record check completed and on file. The athletic secretary will assist in ensuring that these driving record checks are completed and on file.

School credit cards may be used for school vehicles only.

Upon return, coaches will submit an expense voucher (Appendix O) with receipts for food, lodging, and gas attached.

TEAM TRAVEL

This travel is primarily for competition. Coaches will complete the following prior to team departure.

Travel Request Form

Travel itinerary must be turned in to the athletic secretary.

Notify motor pool of departure date and time.

Pick up vehicles.

Only qualified and appropriately licensed drivers may drive college vehicles. A valid driver's license is required to drive college vehicles. Regular drivers should have a driving record check completed and on file. The athletic secretary will assist in ensuring that these driving record checks are completed and on file. All coaches will maintain a CDL license.

Upon return, coaches will submit an expense voucher (Appendix O) with receipts for food, lodging, and gas attached.

STUDENT ATHLETE TRAVEL

Vernon College Athletic Teams travel frequently to attend events. No unauthorized persons are allowed to travel with the team on Vernon College vehicles or at the cost of Vernon College without the prior permission of the Athletic Director. Vernon College works to ensure the safety of all involved and taking part in college sponsored travel. The Vernon College Baseball, Softball and Volleyball teams are required to travel as a unit and players are not allowed to travel independently to events. In rare instances under special circumstances a player may be allowed to make different travel arrangements but not without prior permission from the Athletic Director.

The Vernon College Rodeo Team must travel independently as necessitated by the nature of the sport. Vernon College encourages the safety of the athletes as well as their stock during college sanctioned travel. Both the Vernon College Rodeo Coach as well as the Athletic Director are available to help students make travel arrangements as needed. Vernon College has no responsibility for safety, travel arrangements, or vehicle or trailer maintenance.

STUDENT ATHLETE AND COACHING CONDUCT

Vernon College expects exhibition of constant and continuous sportsmanship from both athletes and coaching staff during sanctioned as well as non-sanctioned intercollegiate athletic events. Vernon College will not tolerate any violation of rules of play or competition. Rule violations or ejections can result in ejection from a

game, temporary suspension from competition, temporary suspension of practice, removal from the venue, expulsion from the team, expulsion from the college, termination of employment or any other disciplinary action deemed appropriate by the coach and Athletic Director. Any student or staff member will be required to meet with the Athletic Director after any incidence of unsportsmanlike behavior.

QUITTING

If a Vernon College athlete decides to quit the team at the end of the season the student will be required to meet with the coach. If a Vernon College athlete decides to quit during the season or during the academic semester the student will be required to meet with both the coach and the Athletic Director individually. Both the coach and the Athletic Director will work to explain both the athletic and academic ramifications of quitting the team so that the athlete does not make an ill-informed decision that could affect future academic goals and athletic eligibility.

GRIEVANCES

Vernon College makes every effort to promote team unity and a spirit of sportsmanship which should help guide students through not only their athletic but academic endeavors. Vernon College's student athletes as well as athletic staff are encouraged to consult the Vernon College Student Handbook published yearly by the Athletic Director. If the need to file an academic or non-academic grievance occurs all policies and timeframes are clearly outlined in the Vernon College *Student Handbook*. Any Vernon College Counselor can answer questions regarding this process. Copies of the Student Handbook are available online or in any Vernon College Student Services Office.

VERNON COLLEGE STUDENT ATHLETE TEAM RULES

Student athletes at Vernon College not only represent themselves but the institution as well. Because of this joint representation, there are certain rules that each team member must follow to be a part of the Chaparral athletic program. Head coaches in each sport have established specific rules that are addressed in the individual sport team rules.

Follow all rules stated in the Vernon College *Athletic Policy and Procedures Manual*. The manual is available for viewing at the offices of each head coach in the office of the Athletic Director or on the Vernon College website.

Follow all rules stated in the Vernon College *Student Handbook* which is distributed by student services and is also available on the Vernon College website.

Understand that conduct both on and off campus should be of high standards and is a reflection on themselves, their coaches, the team and Vernon College.

Understand that class attendance is mandatory. Classes missed for other than illness or team travel will result in some form of disciplinary action determined by the coach.

Understand that student athletes must be enrolled in 12 hours at all times (except summer school) in order to be eligible.

Understand that Vernon College has a zero tolerance policy concerning illegal drug use. Any athlete who is unable to follow this "zero tolerance policy" may be subject to immediate suspension and removal from the team and forfeiture of any athletic scholarships.

Understand that the use of alcohol by student athletes can be a great detriment to the player and the team. Accordingly, the following rules have been established to cover all student athletes.

First offense may result in the student athlete being placed on athletic probation. See specific sport team rules for any other punishment that may be administered by the coach.

Second offense may result in athletic suspension from a game(s) or rodeo event(s). A meeting will be set up with the student athlete, the coach, and the Athletic Director to decide appropriate punishment.

Third offense may result in the permanent dismissal from the team at the discretion of the coach and Athletic Director.

Understand that Vernon College reserves the right to conduct random drug testing on its student athletes as deemed necessary. Failure to comply with this mandate could result in dismissal from the program.

Be aware that student athletes living in the student resident halls will have general curfew rules to follow. Each sport will have specific curfew rules that apply to the particular sport. All student athletes must know and follow the rules outlined in the *Student Residence Handbook* concerning the housing visitation policy.

Be aware that a student placed on disciplinary probation will lose all rights to participate in intercollegiate athletic activities for a specified time determined by the Athletic Director.

Understand that students will be held responsible for all NIRA and NJCAA rules.

In the pages that follow, specific team rules that apply to each Vernon College sport are listed.

BASEBALL SPECIFIC TEAM RULES

Follow all policies as stated in the Vernon College *Athletic Policies and Procedures Manual* student athletic rules, *Student Handbook*, and the *Student Resident Handbook*.

Follow all visitation policies printed in the *Student Resident Handbook* under guidelines in the "Student Housing Visitation Policy."

Alcohol use will not be tolerated.

There is zero tolerance for illegal drug use. Students are advised to read and know the Athletic Substance Abuse Policy and Drug Testing Policy located in the Vernon College *Athletic Policy and Procedures Manual*.

Study hall is mandatory for all baseball players. We will have study hall four days a week following team breakfast.

Student athletes must check with the head coach and athletic advisor before dropping/adding a class.

All entering freshman will be required to attend study hall sessions each week. Returning sophomores who have not achieved a minimum of 3.0 GPA are also required to attend study hall sessions each week. Any second semester freshman or returning sophomore that has achieved and continues to maintain a GPA of 3.0 or higher will be exempt from study hall. Study hall sessions will be a minimum of twice a week with a minimum of 1 hour each session.

Value yourself on Social Media, on and off campus.

-Student athletes represent the college and protect the college and athletic department's image to the community and public. Social websites such as Facebook, Instagram, Tumblr and Twitter could place student-athletes under potentially damaging scrutiny by the public eye. Student-athletes participating in profile websites should be aware of the repercussions for posting personal information on these highly accessible websites. Any misconduct on social media can be deemed punishable as stated in baseball team player contract.

RODEO SPECIFIC TEAM RULES

Follow all policies as stated in the Vernon College *Athletic Policies and Procedures Manual* student athletic rules, *Student Handbook* and the *Student Resident Handbook*.

A student must be a member of the National Intercollegiate Rodeo Association and competing in intercollegiate rodeo or have the permission of the coach in order to practice.

Any student keeping a horse at the arena is responsible for cleaning the pen, feed and tack area, and picking up the trash around their pen and trailer. Failure to do so may result in losing the privilege of having the pen. Pen and stall assignments are for one (1) academic year only.

Students are responsible for the care and feeding of their own horses. Any student not caring for horses properly will be asked to remove them from the premises.

No dogs are allowed on campus. This includes the arena area.

Follow all visitation policies printed in the *Student Resident Handbook* under guidelines in the "Student Housing Visitation Policy."

Students will only be allowed to practice in the events in which they compete in intercollegiate rodeos unless they receive permission from the coach.

Students on scholarship may receive preference over non-scholarship students at practice, depending on the availability of practice stock.

No student will be allowed to practice when the coach is not present unless they have received special permission from the coach.

Students will be responsible for all Southwest Region and NIRA rules.

No tying horses to chain link fences.

Knot roping of calves cannot be done without the permission of the coach.

Abuse of livestock will result in immediate suspension from the rodeo team.

Early alerts received for poor grades will result in mandatory study halls.

Abuse of the above actions could result in being placed on disciplinary probation or suspension from school at the discretion of the coach and Dean of Student Services/Athletic Director.

Student athletes must check with the head coach and athletic advisor before dropping/adding a class.

All rodeo students are drug tested and any student-athlete not passing will immediately be removed from the team.

All entering freshman will be required to attend study hall sessions each week. Returning sophomores who have not achieved a minimum of 3.0 GPA are also required to attend study hall sessions each week. Any second semester freshman or returning sophomore that has achieved and continues to maintain a GPA of 3.0 or higher will be exempt from study hall. Study hall sessions will be a minimum of twice a week with a minimum of 1 hour each session.

SOFTBALL SPECIFIC TEAM RULES

All student-athletes are expected to conduct themselves in such a manner that upholds and enhances the tradition and ethical standards of Vernon College, the athletic department and VC Softball.

Do NOT bring discredit to the college or cause harm to it's reputation. Student-athletes will adhere to the college Athletic Department Code of Conduct and rules and regulations of the college found in the student handbook.

Student-athletes must be present for every class, meeting, study hall, practice and game competition; attentive, respectful to any and every one, presenting a positive image and in predetermined and acceptable attire.

Student-athletes will respect the athletic facilities and equipment at their disposal, use them properly and be held responsible for condition of said equipment at return date. Student-athletes retain liability for any lost or unreasonably damaged equipment issued/assigned to them.

Student-athletes will be present for any curfew/class check opportunities as individually designated by the coaching staff.

Intramural participation is at the discretion of the head coach.

Student-athletes will agree to and comply with the team constructed academic success plan which requires every softball student athlete to be in class EVERYDAY. The only exception will be college excused absences and medically excused absences as approved by the ATC and Head Coach with prior notice as stated in the team contract.

Players will complete a minimum of 10 community service hours per semester, either individually or through team coordinated activities.

Student-athletes must check with the Head Coach, Athletic Director and Athletic Advisor before dropping/adding a class.

All injuries are to be documented and treatments are to be coordinated through the athletic training department. All treatments are to be coordinated with attending practices and the Athletic Trainer will determine when an athlete is cleared to return to participation/play.

There is a ZERO TOLERANCE POLICY for alcohol/illegal drug use. Students are advised to read and know the Athletic Substance Abuse Policy and Drug Testing Policy located in the Vernon College Athletic Policy and Procedure Manual.

All entering freshman will be required to attend study hall sessions each week. Returning sophomores who have not achieved a minimum of 3.0 GPA are also required to attend study hall sessions each week. Any second semester freshman or returning sophomore that has achieved and continues to maintain a GPA of 3.0 or higher will be exempt from study hall. Study hall sessions will be a minimum of twice a week with a minimum of 1 hour each session.

Value yourself on Social Media, on and off campus.

-Student athletes represent the college and protect the college and athletic department's image to the community and public. Social websites such as Facebook, Instagram, Tumblr and Twitter could place student-athletes under potentially damaging scrutiny by the public eye. Student-athletes participating in profile websites should be aware of the repercussions for posting personal information on these highly accessible websites. Any misconduct on social media can be deemed punishable as stated in softball team player contract.

VOLLEYBALL SPECIFIC TEAM RULES

Follow all policies as stated in the Vernon College *Athletic Policies and Procedures Manual* student athletic rules, *Student Handbook*, and the *Student Resident Handbook*.

Student athletes will attend all practices unless they have personally spoken to the head coach.

Consequences for tardiness, missed study hall, curfew violations, etc., will be team violation and punishment will be at the discretion of the head coach.

Curfew during Volleyball season is 10:00 p.m. On other nights (offseason) curfew will be 11:00 p.m. on Sunday through Thursday and at 1:00 a.m. on Friday and Saturday.

Intramural participation is at the discretion of the head coach.

Walk to the gym. There is no student parking at the gym under any circumstances.

Bars and clubs are off limits during the season. Alcohol use will not be tolerated

There is zero tolerance for illegal drug use. Students are advised to read and know the Athletic Substance Abuse Policy and Drug Testing Policy located in the Vernon College *Athletic Policies and Procedures Manual*.

Missed classes other than for illness or team travel will result in missed practice and/or games. Student athletes missing classes due to illness must see the school nurse and bring the head coach a note.

Student athletes must check with the head coach and athletic advisor before dropping/adding a class.

Class excuses for team travel will be issued in advance. Student athletes will speak with their instructor(s) about make-up work before the missed class or at the instructor(s) convenience.

Study hall is mandatory for all players.

Tutors are available. Let your instructor(s) know if you need one.

Tongue rings, belly rings, and/or jewelry are not allowed in team practices or games.

All student athletes will ride on the van/bus on road trips.

Appropriate attire will be discussed prior to leaving on a road trip.

All entering freshman will be required to attend study hall sessions each week. Returning sophomores who have not achieved a minimum of 3.0 GPA are also required to attend study hall sessions each week. Any second semester freshman or returning sophomore that has achieved and continues to maintain a GPA of 3.0 or higher will be exempt from study hall. Study hall sessions will be a minimum of twice a week with a minimum of 1 hour each session.

Value yourself on Social Media, on and off campus. -*Student athletes represent the college and protect the college and athletic department's image to the community and public. Social websites such as Facebook, Instagram, Tumblr and Twitter could place student-athletes under potentially damaging scrutiny by the public eye. Student-athletes participating in profile websites should be aware of the repercussions for posting personal information on these highly accessible websites. Any misconduct on social media can be deemed punishable as stated in volleyball team player contract.*

Follow all visitation policies printed in the *Student Resident Handbook* under guidelines in the "Student Housing Visitation Policy."

Appendix A	Athletic Scholarship Award Form
Appendix B	Admissions Application (Printed form located in the Athletic Department office)
Appendix C	National Letter of Intent
Appendix D	Academic Achievement Consent Form
Appendix E	Explained Student Absence Request
Appendix F	Housing Application (Printed form located in the Athletic Department office)
Appendix G	Supplies Price Quote Form
Appendix H	Pre-participation Examination
Appendix I	Medical History Form
Appendix J	Insurance Form
Appendix K	Consent Form
Appendix L	HIPPA Form
Appendix M	Payment of Medical Expenses
Appendix N	Bacterial Meningitis
Appendix O	Routine Travel Request and Report Form (Printed form located in the Athletic Department office)
Appendix P	Travel Expense Voucher (Printed form located in the Athletic Department office)
Appendix Q	Travel Release Form
Appendix R	Financial Report for High School Playoff Games/Matches
Appendix S	Drug Testing Policy

VERNON COLLEGE

ATHLETIC SCHOLARSHIP AWARD FORM

PROGRAM _____ Both FALL and SPRING [] FALL only [] SPRING only [] ACADEMIC YEAR _____

RECIPIENT Name: _____
(First) (Middle) (Last)

Address: _____

Date of Birth _____ Student ID # _____

Recipient is from: Wilbarger Co. [] Texas-Outside of Wilbarger Co. [] Out-of-State []

FALL Estimated Dollar Amounts

SPRING Estimated Dollar Amounts

	INST.	RESTRICTED		INST.	RESTRICTED	
Tuition, Institutional Service, and Lab Fees	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Board	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	SUBTOTAL		_____	SUBTOTAL		_____
Room	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Books	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meal GWD	Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/>					
	SUBTOTAL		_____	SUBTOTAL		_____
	TOTAL		FALL _____			SPRING _____
TOTAL ACADEMIC YEAR _____						

Coach's Signature _____ Date _____

Athletic Director _____ Date _____

Registration costs are based on the athlete carrying the average 17 semester hour load each semester:

FALL SEMESTER SPRING SEMESTER

TUITION AND INSTITUTIONAL
SERVICE FEE AND LAB FEES PER SEMESTER

ROOM
BOARD

BOOK ALLOWANCE



NEW STUDENT CHECKLIST

TEACHING • LEARNING • LEADING

APPLY FOR ADMISSION

- ☐ To apply, visit vernoncollege.edu/admissions-home
- ☐ Check immunization requirements for programs, degree, or certificate of interest. You must receive a vaccination against bacterial meningitis or meet certain criteria 10 days prior to the first day of class.
- ☐ Check transcript and testing requirements for programs, degree, or certificate of interest. Send required forms to:

Vernon College, Office of Admissions and Records
4400 College Drive • Vernon, TX 76384

APPLY FOR FINANCIAL ASSISTANCE EARLY

- ☐ Visit vernoncollege.edu/financial-aid-home-page to apply for federal student aid. Vernon College's Federal school code is 010060.
- ☐ To apply for Vernon College Scholarships, visit vernoncollege.edu/scholarships. Deadline is March 1.

GET STARTED ON THE RIGHT PATH

- ☐ Attend New Student Orientation:
Contact Student Services to inquire about available dates/times to sign up for NSO. Please call 940-552-6291 x 2278 (Vernon) or 940-696-8752 x 3206 (Wichita Falls), or visit our website for the schedule.
- ☐ See an advisor or counselor to schedule your classes and discuss your goals.
- ☐ Planning to live on the campus in Vernon:
Visit vernoncollege.edu/housing-homepage for the housing application.

COME SEE US! Schedule a tour to visit Vernon College at any of our locations. Contact recruiting@vernoncollege.edu or through the website at www.vernoncollege.edu/Tour-Campus-Form

- ☐ ADA Accommodations can be arranged through the PASS Department for physical, learning or psychiatric disabilities. Certain documentation is required. Please call the PASS Department at 940-552-6291 x 2307 (Vernon) or 940-696-8752 x 2307 (Wichita Falls) or email dlehman@vernoncollege.edu.

Vernon College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Vernon College.

Vernon College

WWW.VERNONCOLLEGE.EDU

2015-2016



National Junior College Athletic Association
NJCAA LETTER OF INTENT AND SCHOLARSHIP AGREEMENT



Important - Read Carefully

It is important to carefully read this entire document before signing. The original, signed copy of this form is to be returned to the institution. A fully executed copy will be provided to the student-athlete upon its completion.

Signee and Academic Institution

[Redacted]
[Redacted]
[Redacted]

Vernon College

4407 College Drive
Vernon, TX 75384

Scholarship Information

Type: Tuition Term: All (Fall, Winter, & Spring)
Scholarship Term: Tuition, fees and special fees
Type: Co-scholarship Term: All (Fall, Winter, & Spring)
Scholarship Term: Tuition and institutional service fees
Type: Room Term: All (Fall, Winter, & Spring)
Scholarship Term: Student/athlete responsibility for the \$100.00 dorm room deposit
Type: Books Term: All (Fall, Winter, & Spring)
Scholarship Term: Tuition value up to and not to exceed \$615.00

Letter of Intent Terms and Conditions

- 1) In signing this letter, I understand that I am not an NJCAA institution, prior to completing the terms of this contract in the above indicated sport at the above college. I may not represent that institution in intercollegiate athletic competition until the terms of this contract have expired, with the following exceptions:
 - a) If I have not, by the opening day of classes in the fall term, met the requirements for admission to the institution named above or academic requirements for transfer of credit to athletes; or
 - b) If I attend the institution named above for at least one academic year; or
 - c) If I receive a National Letter of Intent Release Agreement, signed by the above institution's chief executive officer and the athletic director; or
 - d) If I serve on active duty with the Armed Forces of the United States or on an official church mission for at least eighteen (18) calendar months; or
 - e) If my sport is discontinued by the institution with which I signed this letter.
- 2) I MAY SIGN ONLY ONE VALID NJCAA LETTER OF INTENT. I understand that if I sign two or more NJCAA Letters of Intent without first receiving a NJCAA release, I will immediately become ineligible to compete in NJCAA competition for the next academic year.
- 3) I understand that all NJCAA institutions are obligated to respect my signing and shall cease to recruit me; I shall notify any recruiter who contacts me of my signing.
- 4) If my parent or legal guardian and I fail to sign this letter within fourteen (14) days of the date of issuance it will become invalid. In that event, this letter may be rescinded.
- 5) This letter must be signed and dated by the Director of Athletics before submission for my signature. I may receive this letter prior to the official signing date.
- 6) This letter must be filed with the NJCAA National Office and the institution with which I sign, within twenty-one (21) days of the student's signature, or it will be invalid. In that event, this letter may be rescinded.
- 7) I have knowledge that I or my parent/legal guardian have violated any part of this letter. I understand that I forfeit my eligibility within the NJCAA for any further competition.
- 8) This letter becomes void when signed by the student-athlete.
- 9) I may only be cancelled for the reasons listed in this letter and for the reasons outlined in Article VIII, Section 1.C of the NJCAA bylaws. I agree to abide by the letter and all other regulations of the National Junior College Athletic Association.
- 10) Parent or legal guardian signature is not required for any athlete who has attained his/her 18th birthday, prior to the date of this signature.

I certify that I have read all the terms and conditions contained in this letter and fully understand, accept and agree to be bound by them. I understand that my participation in a scrimmage may count as a season of eligibility at a four-year college.

Signatures

Student _____ Date: 09/08/2010

Parent / Legal Guardian _____ Date: _____

Coach _____ Date: 09/08/2010

Athletic Director _____ Date: 09/08/2010

President / Designated Rep. _____ Date: 09/08/2010

VERNON COLLEGE
ACADEMIC ACHIEVEMENT CONSENT FORM

The Student Services Division of Vernon College reserves the right to monitor the academic progress of all student athletes to assure that students are progressing academically and protect eligibility status. The retrieval of this information is necessary throughout the semester so that early intervention can be conducted when required. This monitoring can be conducted by any member of the Student Services Division. Information will be gathered from the Instructional Division of Vernon College. The information monitored will include but not be limited to: absences, test scores, completion of assignments, and attitude. The Student Services Division may also ask for information regarding a student's attendance at tutoring. The information obtained will not be shared with any other Vernon College division, instructor, employee, or the families or teammates of Vernon College athletes.

I agree to the above monitoring as described. I understand that if I have any questions in regards to this policy I can speak to the Athletic Director, Head Coach, Assistant Coach or any Vernon College Counselor.

Signature

Date

Printed Name

Sport

EXPLAINED STUDENT ABSENCE REQUEST

_____ requests that the following student(s) be granted
(Sponsor)
explained absences for the following activities:

Student's Name(s) – Use another page if necessary

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Activity Date(s)

Hours

Sponsor's Signature

Date

Athletic Director

Date

VERNON COLLEGE

STUDENT HOUSING

VERNON COLLEGE STUDENT HOUSING OFFERS

- Economical living on campus
- Wireless Internet
- Laundry facilities
- Furnished rooms
- Basement/Lounge
- Suite-style arrangement
- Cable television
- Sand volleyball court □ Basketball court
- Gym and indoor pool
- Ample parking
- Opportunity to form life-long friendships

ABOUT VERNON COLLEGE STUDENT HOUSING

There are two student housing facilities at Vernon College which accommodate a total of 152 students. Each room is shared by two students. The rooms are built in a suite arrangement; two rooms share a shower and other bathroom facilities. Each room is furnished with a large mirror, a small storage cabinet and lavatory, two 36" X 80" twin size beds with mattress covers, a dresser, two desks and chairs, two closets, local phone service, Internet access and basic cable television service. The Student Residence Center (SRC) has individually controlled air conditioning and heating.

In addition to the low cost, living in student housing affords other advantages such as the "rounding out" of college life found only by living on campus and the availability of the college's recreational facilities. Food service (cafeteria/snack bar) is available in the Colley Student Center (Monday through Friday).

In general, rooms are for unmarried, full-time students, eighteen years of age or older although exceptions may be made by the Dean of Student Services. Rooms are available for students who have disabilities.

Room and board fees are paid at the time of room occupancy for each semester of the academic (9 month) year. The cost includes rent, utilities, cable TV, and 15 meals per week (three meals per day, Monday through Friday).

There is a required board plan during the fall and spring; however, there is no required board plan for summer.

ROOM AND BOARD RATES*

Fall 2017 Semester	\$2,030.00	(\$500 for room + \$1,530.00 for board)
Spring 2018 Semester	\$2,050.00	(\$500 for room + \$1,550.00 for board)

**Rates are for the nine month academic year beginning fall 2016 and are subject to change. Rates include sales tax on meals.*

Full payment or proof of enrollment in the FACTS payment plan is required prior to establishing occupancy each semester.

SAVE TIME AND PAY ONLINE:

Once you have registered for classes using the online Campus Connect system and applied for housing (room and board) in the Vernon College Student Residence Center, you may enroll in the FACTS payment plan from the Review/Pay Account option in Campus Connect. After you click on the "Pay by FACTS" button, your options for payments will appear.

IF AN INSTALLMENT PLAN IS NEEDED:

Vernon College is proud to offer FACTS as a convenient budget plan for tuition, fees, and housing (room and board). The cost to enroll in your interest free payment plan is a \$30.00 nonrefundable enrollment fee. Through FACTS, you may use the Automatic Bank Payment (ACH) or the Credit Card Option to make payments. Required down payment and number of payments vary according to the time of enrollment in the FACTS payment plan.

VERY IMPORTANT:

The FACTS system only allows one installment plan per semester. Therefore, *it is important to carefully check your account to ensure that ALL courses and housing costs are listed as scheduled* before choosing the FACTS payment plan.

Student Responsibilities, Obligations, and Privileges:

For your convenience, the Vernon College Student Residence Handbook is available on the Vernon College website at www.vernoncollege.edu. Potential student residents are encouraged to review this valuable source of information.

HOUSING APPLICATION

Students wishing to reserve a room in Vernon College's student housing should complete this application and mail it with the \$100 deposit to:

Vernon College
Housing Office
4400 College Drive
Vernon, TX 76384

A deposit check in the amount of \$100.00, payable to Vernon College, must accompany this application. Any cancellation of room reservations must be submitted to the housing office in writing. Should a cancellation become necessary, the \$100.00 deposit will be refunded in accordance with the following schedule:

Fall semester

On or before August 1.....100%
After August 1.....none

First summer term

On or before May 1.....100%
After May 1.....none

Spring semester

On or before December 1100%
After December 1.....none

Second summer term

On or before June 15.....100%
After June 15.....none

Please **print** all information.

Full Name _____

Social Security Number _____

Home Mailing Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cell Telephone _____

Email Address _____

Birth Date _____ Sex _____ Marital Status _____

Classification: Freshman _____ Sophomore _____

Vehicle: Make _____ Model _____ Tag# _____

This application is for (insert year): Fall _____ Spring _____ Summer I _____ Summer II _____

Parent or Guardian _____

Parent or Guardian Telephone _____

Personal Information

To ensure the best possible roommate combination please fill in the following questions.

Major _____

Hometown _____ High School _____

Hobbies _____

Are you involved in Vernon College athletics? _____

If so, which athletic program _____

In what clubs or organizations have you been active? _____

Will you require the use of a handicap room _____ yes _____ no

If you would like to request a specific roommate, you may do so here _____

Please note any preferences (involved in athletics, preferred music, study habits, etc.) _____

Student Signature _____ Date _____

Vernon College reserves the right to refuse service to any person convicted of a felony. Individuals required to register by Texas law or Megan's Law will not be allowed to live in Vernon College student housing.

Vernon College is an affirmative action/equal opportunity educational institution and employer. Its students are selected and/or assigned without regard to their race, age, color, gender, religion, national origin, or disability consistent with Titles IV, VI and VII of the Civil Rights Act of 1964, Titles IV and IX of the Higher Education Act as amended in 1972 and 1976, with Executive Order 11246 as amended by Executive Order 11375, Section 504, Rehabilitation Act of 1973 (PL-93-112), and Americans with Disabilities Act of 1990.

Revised 5/17



VERNON COLLEGE ATHLETICS SUPPLIES PRICE QUOTE FORM

This form should be completed and attached to a Vernon College purchase requisition for any supply item(s) with a total cost of more than \$250. This form is not required for capital outlay or designated facility improvement expenditures. All catalog prices must be verified with a telephone quote. Shipping costs are to be considered on the total cost and stated separately.

Description of item/service(s) to be purchased _____

1	VENDOR NAME		City/State	
	Contact (Full Name)		Phone	
2	VENDOR NAME		City/State	
	Contact (Full Name)		Phone	
3	VENDOR NAME		City/State	
	Contact (Full Name)		Phone	

VENDOR	1	2	3
Part or Model #			
Unit Price	\$	\$	\$
Shipping & Handling	\$	\$	\$
Total Cost	\$	\$	\$

Consideration should be given to Wilbarger County vendors for price quotes when appropriate. Do not place an order without proper approval via a signed purchase requisition. If lowest price is not recommended please state

why. _____

STAFF/COACH/ATHLETIC DIRECTOR OBTAINING QUOTE: _____

Vernon College

Pre-participation Examination

Name _____ SS# _____ Date of Birth _____

Height _____ Weight _____ Pulse _____ BP _____ / _____ (_____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected Y/N _____ Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
Medical Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Precordial Auscultation (supine and standing)			
2. Marfan Syndrome			
Assessment of femoral artery			
Lungs			
Abdomen			
Genitals (males only)			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

_____ Cleared

_____ Cleared after completing evaluation/rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print/type) _____ Date _____

Address: _____ Phone _____

Signature of Physician: _____



Vernon College - Athletic Training Athlete Pre-Participation Health History Form

This form is meant to function only as a screening tool and does not take the place of pre-participation exam by Vernon College team physicians. Check "yes or no" in the appropriate box. Please provide specific responses in detail to all "yes" answers (date, location, etc). This information will remain confidential at all times from parents (if over 19 yrs of age) and coaches.

Student-Athlete Name (Last, First, MI)		Social Security # - -
Date of Birth / /	Sport	Returner OR New / Transfer FR / SO / 3 rd Year
Email		Cell # ()
List all allergies (environmental, medications, food, insect related)		Date of last tetanus shot / /
List all current medications, inhalers, and/or supplements		

Family History	Has anyone in your immediate family ever had:	YES	NO	Explain in detail below (relation, age, etc)
	Diabetes			
	Sudden death (less than age 50)			
	High Blood Pressure			
	Heart Attack (less than age 50)			
	Asthma			
	High Cholesterol			

Remember all questions are strictly CONFIDENTIAL and will not be shared with parents or coaches				
General Health History	Are you currently under a physician's care for any medical conditions?	YES	NO	Describe:
	Have you had a viral infection (mononucleosis, myocarditis, etc) within the last 6 months?	YES	NO	Describe:
	Have you been hospitalized for any illness or injury in the last 6 months?	YES	NO	Describe:
	Have you ever had seizures, convulsions, and/or epilepsy?	YES	NO	Describe:
	Do you suffer from headaches or migraines?	YES	NO	Describe frequency & location:
	Do you cough, wheeze, or have trouble breathing during or after exercise/practice?	YES	NO	Describe:
	Do you have asthma or exercised induced Asthma?	YES	NO	Describe:
	Do you have or been advised that you have High Cholesterol?	YES	NO	
	Do you have or been advised that you have Diabetes?	YES	NO	
	Do you have or been advised that you have High Blood Pressure?	YES	NO	
	Do you have or been advised that you have Anemia?	YES	NO	
	Do you have ringing in your ears, trouble hearing or a perforated eardrum?	YES	NO	Describe:
	Do you have ear infections or nosebleeds?	YES	NO	Describe:
Do you have dental implants or orthodontic work?	YES	NO	Describe:	

	Do you wear or wish to wear a mouthguard (custom or over-the-counter)?	YES	NO	Describe:
	Do you have unequal pupils, impaired vision, and/or wear glasses/contacts?	YES	NO	Describe:

Remember all questions are strictly CONFIDENTIAL and will not be shared with parents (if over 19 yrs of age) or coaches				
Head / Facial Injuries and Concussions	Have you ever suffered an injury to the mouth, jaw and/or teeth?	YES	NO	Date of Injury(s):
	Please describe injury & recovery time of mouth/jaw/teeth injury:			
	Have you ever suffered a head injury or concussion (no matter how minor)?	YES	NO	Date of Injury(s):
	Please describe injury & recovery time of head injury/concussion:			
	Have you ever suffered any of the following (Circle all that apply)? Knocked Out / Loss of Consciousness / Loss of Memory	YES	NO	Describe:
	Have you ever been evaluated by a physician for a head injury or concussion?	YES	NO	Describe:
	Circle any diagnostic tests performed below. X-Ray / MRI / CT Scan / Neuropsychological / Other	Describe results:		
	Have you ever been hospitalized for a head injury/concussion?	YES	NO	Date & Location of Hospitalization:
	Have you ever been advised not to participate in athletic activities due to a head injury or concussion?	YES	NO	Describe:
Heat Illnesses	Have you ever suffered from a heat related injury (Circle all that apply)? Heat Cramps / Heat Syncope-Fainting / Heat Exhaustion / Heat Stroke	YES	NO	Date and Describe:
	Have you ever been hospitalized for a heat related problem?	YES	NO	Date & Location of Hospitalization:
	Have you ever been advised not to participate in athletic activities due to a heat related injury?	YES	NO	Describe:
Dermatological	Do you have any skin problems that we should be aware of (herpes/cold sores, itching, rashes, acne, warts, eczema, fungus, etc)	YES	NO	Describe:
	Have you been diagnose with a MRSA or Staphylococcus infection?	YES	NO	Date and Describe:
	Have you ever been under the care of a dermatologist?	YES	NO	Describe:
	Have you ever been advised not to participate in athletic activities due to a skin condition?	YES	NO	Date & Location of Hospitalization:
Mental Health and Nutrition	Have you ever had or currently have the following? (please circle all that apply) Anxiety / Depressive Thoughts / Insomnia / Other	Please describe & explain frequency/history of treatment if any:		
	Do you feel stressed out? If yes, do you feel as though you get the necessary support to deal with your stress?	YES	NO	Describe:
	Have you ever been under the care of a psychiatrist and /or psychologist?	YES	NO	Date and Describe
	Has your weight changed (loss or gain) more than 10lbs in the past year?	YES	NO	

	Do you have a history of anorexia, bulimia, and/or any other eating disorder?	YES	NO	
ADHD ADD	Are you currently being treated for Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?	YES	NO	Please list current medications below:
Sickle Cell Trait	Have you ever been tested for or advised that you carry the trait for Sickle Cell Anemia?	YES	NO	Please list the date and results below and provide a copy of your results.
	Does any member of your family carry the Sickle Cell Trait or currently have Sickle Cell Anemia?	YES	NO	If yes, please state relation.
Remember all questions are strictly CONFIDENTIAL and will not be shared with parents (if over 19 yrs of age) or coaches				
Females Only	Do you have an irregular menstrual cycle?			
	What is your longest time between periods in the last year?			
	What was the approximate age of your first period?			
Abdomen, Chest, Ribs, and Thorax	Have you ever suffered an injury to your abdomen/chest/ribs/thorax?	YES	NO	Date of Injury:
	Please describe injury & recovery time:			
	Circle any diagnostic tests performed below. X-Ray / MRI / CT Scan / Bone Scan / Other	Describe results:		
	Were you ever hospitalized?	YES	NO	Date & Location of Hospitalization:
	Have you ever had surgery of any kind on your abdomen/chest/ribs/thorax?	YES	NO	Date, Surgeon, & Hospital:
	Please describe the surgical procedure, recovery time, etc.			
	Have you ever undergone rehabilitation for your abdomen, ribs, thorax or chest with an athletic trainer or physical therapist?	YES	NO	Describe:
	Have you ever been advised not to participate in athletic activities due to an abdominal/chest/ribs/thorax injury?	YES	NO	Describe:
	Have you ever had or been told you have an abdominal or sports hernia?	YES	NO	Describe:
	Have you ever had a stomach and/or duodenal ulcer?	YES	NO	Describe:
	Do you routinely suffer from severe or recurrent abdominal pain?	YES	NO	Describe:
	Do you routinely suffer from chronic or recurrent diarrhea?	YES	NO	Describe:
	Do you have only one of two paired functioning organs (kidney, testicles, ovary, etc)?	YES	NO	Describe:
	Do you suffer from any type of urological or genital disorder?	YES	NO	Describe:
	Cervical Spine and Neck	Have you ever suffered an injury to your cervical spine and/or neck?	YES	NO	Date of Injury:
Please describe injury & recovery time:				
Circle any diagnostic tests performed below. X-Ray / MRI / CT Scan / Bone Scan / Other		Describe results:		
Were you ever hospitalized?		YES	NO	Date & Location of Hospitalization:

	Have you ever had “Burners, Stingers, or Brachial Plexus” Injuries or any numbness &/or tingling in your arms/fingers?	YES	NO	Date of Injury:
	Please describe injury (right/left/both) & recovery time:			
	Have you ever had surgery of any kind on your cervical spine/ neck?	YES	NO	Date, Surgeon, & Hospital:
	Please describe the surgical procedure, recovery time, etc.			
	Have you ever been advised not to participate in athletic activities due to a cervical spine/ neck injury?	YES	NO	Describe:
	Do you presently or have you ever worn or been advised to wear a “neck roll”, “cowboy collar” or “helmet restrictor plate”?	YES	NO	Describe:

Remember all questions are strictly <i>CONFIDENTIAL</i> and will not be shared with parents (if over 19 yrs of age) or coaches				
Spine, Low Back, and Sacroiliac Joint	Have you ever suffered an injury to your spine, low back, or SI joint?	YES	NO	Date of Injury:
	Please describe injury & recovery time:			
	Circle any diagnostic tests performed below. X-Ray / MRI / CT Scan / Bone Scan / Other	Describe results:		
	Were you ever been hospitalized?	YES	NO	Date & Location of Hospitalization:
	Please describe injury & recovery time:			
	Have you ever undergone rehabilitation for your spine, low back or SI joint with an athletic trainer or physical therapist?	YES	NO	Describe:
	Have you ever had surgery on your spine, low back or SI Joint?	YES	NO	Date, Surgeon & Hospital:
	Please describe the surgical procedure, recovery time, etc.			
	Do you currently or have you ever had numbness/tingling down one or both legs?	YES	NO	Describe:
	Have you ever been advised not to participate in athletic activities due to a spine, low back or SI joint injury?	YES	NO	Describe:
Shoulder and Upper Arm	Have you ever suffered an injury to your shoulder or upper arm?	YES	NO	Date of Injury:
	Please describe injury & recovery time:			
	Circle any diagnostic tests performed below. X-Ray / MRI / CT Scan / Bone Scan / Other	Describe results:		
	Have you every suffered a dislocated or subluxed shoulder?	YES	NO	Date of Injury:
	Were you ever been hospitalized?	YES	NO	Date & Location of Hospitalization:
	Please describe injury & recovery time:			
	Have you ever undergone rehabilitation for your shoulder or upper arm with an athletic trainer or physical therapist?	YES	NO	Describe:
	Have you ever had surgery of any kind on your shoulder/upper arm?	YES	NO	Date, Surgeon & Hospital:
	Please describe the surgical procedure, recovery time, etc.			

	Have you ever been advised not to participate in athletic activities due to a shoulder or upper arm injury?	YES	NO	Describe:
	Have you ever had to “take time off” from throwing due to shoulder pain or rehabilitation?	YES	NO	Describe:
Elbow and Forearm	Have you ever suffered an injury to your elbow or forearm?	YES	NO	Date of Injury:
	Please describe injury & recovery time:			
	Circle any diagnostic tests performed below. X-Ray / MRI / CT Scan / Bone Scan / Other	Describe results:		
	Were you ever been hospitalized?	YES	NO	Date & Location of Hospitalization:
	Please describe injury & recovery time:			
	Have you ever undergone rehabilitation for your elbow or forearm with an athletic trainer or physical therapist?	YES	NO	Describe:
	Have you ever had surgery of any kind on your elbow or forearm?	YES	NO	Date, Surgeon & Hospital:
	Please describe the surgical procedure, recovery time, etc.			
	Have you ever been advised to take time off or not participate in athletic activities due to an elbow or forearm injury?	YES	NO	Describe:

Remember all questions are strictly CONFIDENTIAL and will not be shared with parents (if over 19 yrs of age) or coaches				
Wrist, Hand, and Fingers	Have you ever suffered an injury to your wrist, hand, or fingers?	YES	NO	Date of Injury:
	Please describe injury & recovery time:			
	Circle any diagnostic tests performed below. X-Ray / MRI / CT Scan / Bone Scan / Other	Describe results:		
	Were you ever been hospitalized?	YES	NO	Date & Location of Hospitalization:
	Please describe injury & recovery time:			
	Have you ever undergone rehabilitation for your wrist/hand/fingers with an athletic trainer or physical therapist?	YES	NO	Describe:
	Have you ever had surgery of any kind on your wrist/hand/fingers?	YES	NO	Date, Surgeon & Hospital:
	Please describe the surgical procedure, recovery time, etc.			
	Have you ever been advised not to participate in athletic activities due to a wrist/hand/fingers injury?	YES	NO	Describe:
Hip, Groin, Hamstring & Quadriceps	Have you ever suffered an injury to your hip/groin (including hernias or sports hernias) or hamstring/quadriceps?	YES	NO	Date of Injury:
	Please describe injury & recovery time:			
	Circle any diagnostic tests performed below. X-Ray / MRI / CT Scan / Bone Scan / Other	Describe results:		
	Where you ever been hospitalized?	YES	NO	Date & Location of Hospitalization:
	Please describe injury & recovery time:			
	Have you ever undergone rehabilitation for your hip/ groin/ hamstring/quadriceps with an athletic trainer or physical therapist?	YES	NO	Describe:
	Have you ever had surgery?	YES	NO	Date, Surgeon & Hospital:

Knee and Patella	Please describe the surgical procedure, recovery time, etc.			
	Have you ever been advised not to participate in athletic activities due to a hip/groin/hamstring/quadriceps injury?	YES	NO	Describe:
	Have you ever suffered an injury to your knee or patella (kneecap)?	YES	NO	Date of Injury:
	Please describe injury & recovery time:			
	Circle any diagnostic tests performed below. X-Ray / MRI / CT Scan / Bone Scan / Other	Describe results:		
	Were you ever hospitalized?	YES	NO	Date & Location of Hospitalization:
	Please describe injury & recovery time:			
	Have you ever undergone rehabilitation for your knee or patella with an athletic trainer or physical therapist?	YES	NO	Describe:
	Have you ever had surgery of any kind on your knee or patella?	YES	NO	Date, Surgeon & Hospital:
	Please describe the surgical procedure, recovery time, etc.			
	Have you ever been advised not to participate in athletic activities due to a knee or patella injury?	YES	NO	Describe:
	Have you ever or do you presently wear a knee brace?	YES	NO	Describe reason for wearing:

Remember all questions are strictly CONFIDENTIAL and will not be shared with parents (if over 19 yrs of age) or coaches				
Lower Leg, Ankle, & Foot	Have you ever suffered an injury to your lower leg, ankle or foot?	YES	NO	Date of Injury:
	Please describe injury & recovery time:			
	Circle any diagnostic tests performed below. X-Ray / MRI / CT Scan / Bone Scan / Other	Describe results:		
	Were you ever hospitalized?	YES	NO	Date & Location of Hospitalization:
	Please describe injury & recovery time:			
	Have you ever undergone rehabilitation with an athletic trainer or physical therapist?	YES	NO	Describe:
	Have you ever had surgery of any kind on your lower leg, ankle or foot?	YES	NO	Date, Surgeon & Hospital:
	Please describe the surgical procedure, recovery time, etc.			
	Have you ever been advised not to participate in athletic activities due to a lower leg, ankle or foot injury?	YES	NO	Describe:
	Have you ever had a stress fracture(s)?	YES	NO	Describe:
	Have you ever or do you presently utilize orthotics or shoe inserts?	YES	NO	Describe reason for wearing:
	Have you ever or do you presently tape or wear ankle brace(s)?	YES	NO	Describe reason for wearing:

Please describe below any additional illness(s) and/or injury(s) information which is knowledgeable to you and not mentioned above on this form.

I, the undersigned, hereby acknowledge, affirm, and represent that all statements in this form are true and accurate to the best of my knowledge; and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I understand and acknowledge that my health and physical welfare may jeopardized as result and that I may suffer physical harm. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I understand and acknowledge that I will be responsible for any medical charges incurred.

Student-Athlete Signature

Date

Parent/Guardian Signature (If under 19 years of age)

Date

Parent/Guardian Print Name

VC ATHLETIC TRAINER SIGNATURE

DATE

PARENT'S INSURANCE FORM

Athlete's Name _____ SS# _____

Sport _____ School _____

Dear Parent:

Our athletic accident policy, which provides insurance for your son or daughter for injuries occurring while participating in the play or practice of intercollegiate sports is "EXCESS" or "SECONDARY" to any other collectible group insurance benefits.

This means that any claim for benefits must first be filed with the group insurance company providing coverage to your son or daughter through your employer or your spouse's employer. After they have paid all available benefits, our athletic insurance company will consider remaining amounts based on USUAL and CUSTOMARY charges.

WE, AS THE SCHOOL, DO NOT HAVE THE OPTION OF WAIVING THE REQUIREMENT OF FILING WITH YOUR GROUP INSURANCE.

PLEASE NOTE:

1. Most employer's group insurance allows dependent coverage to be continued to age 25 if the dependent is a full-time student. DO NOT drop dependent coverage while your son or daughter is participating in intercollegiate athletics.
2. Claims against your group insurance plan DO NOT increase your individual insurance premiums.

THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND RETURNED; please circle the individual listed as the insured on your primary/personal plan and complete all requested information.

Father/Guardian/Spouse/Self (circle one) Date of Birth _____

Name _____ Social Security # _____

Home Address _____
(Street) (City, State & Zip Code)

Employer's Name _____

Employer's Address _____
(Street) (City, State & Zip Code)

Home Telephone # _____ Work Telephone # _____

Name of Group _____
Insurance Company _____ Group # _____ Policy # _____

Mailing Address for Claims _____ Telephone # _____
(Street) (City, State & Zip Code)

IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? YES _____ NO _____

Does your insurance require: A second opinion for surgery? YES _____ NO _____ Is your primary insurance an HMO? YES _____ NO _____

Pre-authorization for services? YES _____ NO _____ Is your primary insurance a PPO? YES _____ NO _____

Mother/Guardian/Spouse/Self (circle one) Date of Birth _____

Name _____ Social Security # _____

Home Address _____
(Street) (City, State & Zip Code)

Employer's Name _____

Employer's Address _____
(Street) (City, State & Zip Code)

Home Telephone # _____ Work Telephone # _____

Name of Group _____
Insurance Company _____ Group # _____ Policy # _____

Mailing Address for Claims _____ Telephone # _____
(Street) (City, State & Zip Code)

IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? YES _____ NO _____

Does your insurance require: A second opinion for surgery? YES _____ NO _____ Is your primary insurance an HMO? YES _____ NO _____

Pre-authorization for services? YES _____ NO _____ Is your primary insurance a PPO? YES _____ NO _____

_____ I hereby authorize a claim to be filed on my behalf under the above group medical policy in the event an athletic injury is sustained by _____.

_____ My son/daughter is NOT covered under my group insurance.

I hereby certify that the answers provided are true, complete and correct to the best of my knowledge. I authorize release of the above insurance information to any concerned providers. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date _____ Signature of Parent _____

CONSENT FORM

FULL NAME: _____

I do understand the risks involved in participating in Vernon College athletics. Neither Vernon College nor the North Texas Junior College Athletic Conference assumes any responsibility in case an accident occurs.

If the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment to be given to said student by physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

SIGNATURE: _____

******If student athlete is a minor then parent signature is needed.******

DATE: _____

PHONE: _____

ADDRESS: _____

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I hereby request and authorize that Vernon College Athletic Training release the health information of the individual named below;

Name: _____ SSN: _____ DOB: _____

Address: _____ Phone: _____

I authorize the health information of the above-named individual to be disclosed to and used by _____, for the purposes of record retention and evaluation with respect to participation and competition in athletic and extracurricular activities sponsored by Vernon College.

The information to be disclosed is that pertaining to any injury sustained during the 2007-2008 academic year.

I understand that this authorization will expire, without my express revocation, one (1) year from the date of signing. I further understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on this authorization. That is, I understand that my revocation will not apply to information that has already been released to the School as specified by this authorization.

I understand that authorization for the disclosure of this health information is voluntary and that I can refuse to sign this authorization. Vernon College cannot condition treatment on the signing of this authorization, except as otherwise permitted by law.

I understand that any disclosure of information pursuant to this authorization carries with it the potential for re-disclosure by Vernon College and that such information may not be protected by federal confidentiality rules.

I understand that Vernon College must document and retain a copy of this authorization.

SIGNATURE OF STUDENT-ATHLETE

DATE

** If student-athlete is still a minor then parent signature is needed.

PAYMENT OF MEDICAL EXPENSES – STATEMENT OF POLICY

Vernon College provides outstanding care to our student-athletes for their medical concerns. As part of this care the athletic department provides secondary or excess insurance coverage within the specific guidelines of the NJCAA and the NIRA. The following is an explanation of the College's procedure concerning payment of expenses for athletic injuries.

Medical expenses that are due to injury or illness sustained by a student-athlete as a direct result of practice or participation in intercollegiate athletics at any time during the year will be covered by our insurance program. This would include injuries during any official practice, weight training, conditioning, and/or game. In the case of any of the above athletically involved injuries or illnesses, our insurance is considered secondary, or excess, and the student-athletes' personal insurance is considered primary. This means that the student-athlete or parents must first submit a claim with their health insurance company. After the personal/primary insurance has paid on the allowable charges, the College's insurance will pay the remaining charges. After the primary insurance has responded, a copy of the explanation of benefits and/or any statement showing outstanding balances must be sent to the Vernon College Athletic Department for final payment within 30 days of receipt.

It is the policy of Vernon College to consider payment for certain medical conditions not directly related to athletic participation that may occur during the competitive season if such treatment is deemed necessary for the student-athlete to return to competition. All such payments must follow the same insurance guidelines as above and must be reviewed and approved by Vernon College athletic trainer prior to any agreement of payment.

All other medical care not covered by the above situations will be the responsibility of the student-athlete and/or their family. Therefore, it is strongly advised that all the student-athletes carry their own health and accident insurance. Please inform us if you DO NOT have medical insurance coverage.

Minor injuries, colds, and other medical concerns are addressed by the Health Care Clinic on campus and by the certified athletic trainer. In the case of any of these medical situations, the student-athlete must check with the athletic trainer between 8:00-10:00 for disposition of their care. In this manner, the athletic trainer and the coaches may be assured they are aware of any new injury or illness.

Please fill out and return the enclosed "Parents Insurance Form". I am aware that this has already been done but we need to have this information on our insurance carriers required form. Sorry for the inconvenience. I am also asking that you include a copy of your current insurance card. This will greatly decrease the time in payment of any incurred medical expenses.

Thank you in advance for your prompt return and help with this matter. If you have any questions, please contact the Athletic Training office by phone at (940) 552-6291 ext. 2289 or by email (jjenkins@vernoncollege.edu).



IMPORTANT INFORMATION ABOUT BACTERIAL MENINGITIS

This information is being provided to all new college students in the state of Texas. Bacterial Meningitis is a serious, potentially deadly disease that can progress extremely fast – so take, utmost caution. It is an inflammation of the membranes that surround the brain and spinal cord. The bacteria that causes meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100 – 125 on college campuses, leading to 5 – 15 deaths among college students every year. There is a treatment, but those who survive may develop severe health problems or disabilities.

What Are the Symptoms?

- High fever
- Rash or purple patches on skin
- Light sensitivity
- Confusion and sleepiness
- Lethargy
- Severe headache
- Vomiting
- Stiff neck
- Nausea
- Seizures

There may be a rash of tiny, red-purple spots caused by bleeding under the skin. These can occur anywhere on the body. The more symptoms, the higher the risk, so when these symptoms appear, seek immediate medical attention.

How Is Bacterial Meningitis Diagnosed?

Diagnosis is made by a medical provider and is usually based on a combination of clinical symptoms and laboratory results from spinal fluid and blood tests. Early diagnosis and treatment can greatly improve the likelihood of recovery.

How Is The Disease Transmitted?

The disease is transmitted when people exchange saliva (such as by kissing, or by sharing drinking container, utensils, cigarettes, toothbrushes, etc) or come in contact with respiratory or throat secretions.

How Do You Increase Your Risk Of Getting Bacterial Meningitis

- Exposure to saliva by sharing cigarettes, water bottles, eating utensils, food, kissing, etc.
- Living in close conditions (such as sharing a room/suite in a dorm or group home).

What Are The Possible Consequences Of The Disease?

- Death (in 8 to 24 hours from perfectly well to dead)
- Permanent brain damage
- Kidney failure
- Learning disability
- Limb damage (fingers, toes, arms, legs) that require amputation
- Hearing Loss, blindness
- Gangrene
- Coma
- Convulsions

Can The Disease Be Treated?

- Antibiotic treatment, if received early, can save lives and chances of recovery are increased. However, permanent disability or death can still occur.
- Vaccinations are available and should be considered for those living in close quarters and college students 25 years old or younger.
- Vaccinations are effective against four of the five most common bacterial types that cause 70% of the disease in the United States (but does not protect against all types of meningitis).
- Vaccinations take 7 – 10 days to become effective, with protection lasting 3 – 5 years.
- The cost of vaccine varies so check with your health care provider.
- Vaccination is very safe – most common side effects are redness and minor pain at injection site for up to two days.

How Can I Find Out More Information?

- Contact your own health care provider.
- Contact your Student Health Center at (940) 552-6291 ext. 2276
- Contact your local or regional Texas Department of Health office at (940) 552-8770 in Vernon or (940) 767-8593 in Wichita Falls.
- Contact web sites: www.cdc.gov/ncidod/dbmd/diseaseinfo ; www.acha.org



ROUTINE TRAVEL REQUEST & REPORT FORM

EMPLOYEE NAME: _____ DATE OF TRAVEL: _____

DESTINATION: _____

TIME LEAVE: _____ TIME RETURN: _____

BUDGET ACCT. NO: _____

APPROVAL: DIV. CHRM. / DIR. / DEAN _____

AUTO ASSIGNED: _____ CREDIT CARD(S) _____ BY: _____

MILEAGE WHEN RETURNED: _____

LESS MILEAGE WHEN ISSUED: (-) _____

MILEAGE USE: _____ X _____ = \$ _____

PER DIEM: \$ _____

TOTAL CHARGED TO DEPARTMENT: \$ _____

DATE: _____ SIGNATURE _____

TRAVEL EXPENSE VOUCHER

Vernon College

Name: _____ Mailing Address: _____ Today's Date: _____

Department: (i.e. "Nursing", etc.) _____ Budget Account Number: _____

Destination Of Travel / City: _____

Dates Covered By This Voucher: From _____ To _____

Mode of Travel: ☐ College Vehicle ☐ Personal Vehicle ☐ Commercial Airline ☐ Other: _____ (Specify)

Expenses Incurred:

Travel: ★ College Vehicle Miles @ ¢ Per Mile \$ _____

★ Personal Vehicle Miles @ ¢ Per Mile \$ _____

★★ Commercial Airline \$ _____

Other (Specify) \$ _____

★★ Hotel or Motel: Nights @ \$ Per Night \$ _____

★★ Meals:

		ACTUAL EXPENSES	MAXIMUM AUTHORIZED	LESSER OF COLUMN 1 OR 2
DAY 1:	Breakfast	\$ _____	\$ _____	\$ _____
	Lunch	_____	_____	_____
	Dinner	_____	_____	_____
	Total Meals-Day 1	.....	.....	1
DAY 2:	Breakfast	_____	_____	_____
	Lunch	_____	_____	_____
	Dinner	_____	_____	_____
	Total Meals-Day 2	.....	.....	2
DAY 3:	Breakfast	_____	_____	_____
	Lunch	_____	_____	_____
	Dinner	_____	_____	_____
	Total Meals-Day 3	.....	.....	3
DAY 4:	Breakfast	_____	_____	_____
	Lunch	_____	_____	_____
	Dinner	_____	_____	_____
	Total Meals-Day 4	.....	.....	4
DAY 5:	Breakfast	_____	_____	_____
	Lunch	_____	_____	_____
	Dinner	_____	_____	_____
	Total Meals-Day 5	.....	.....	5

TOTAL MEALS (Add 1, 2, 3, 4, 5 of column 3 for this TOTAL) \$ _____

Other \$ _____

★★ Taxi \$ _____

★★ Parking \$ _____

★★ Tolls \$ _____

★★ Registration Fees \$ _____

★★ Miscellaneous \$ _____

Total Expenses Incurred \$ _____

Less: Travel Advance, Charges Made to College Credit Cards, Department Charges \$ (_____)

Net Amount Due \$ _____

★ Attach Document if More Than One Stop Was Incurred

★★ Attach Receipts

Concise Statement of Purpose of Travel and Duties Performed: _____

"I certify that the expenses incurred were necessary and proper and amounts claimed are just and reasonable."

Signature of Claimant: X _____

Department Chair/Supervisor: _____ Date: _____

Dean/Executive Dean: _____ Date: _____

Business Official: _____ Date: _____

President (If Applicable): _____ Date: _____

BUSINESS OFFICE

VERNON COLLEGE
STUDENT/ATHLETE TRAVEL RELEASE FORM

I _____ have read and understand the Student Travel Policy. I also understand that I am responsible for my own behavior and will abide by all the rules and regulations outlined in the Vernon College Student Handbook. I understand that if I am in violation of any of these rules I will be subject to the consequences stated in the Handbook.

Student Signature: _____

Date: _____

Please fill in the following information below:

Local address: _____

Local phone number: _____

Parent's phone number: _____

Person to notify in case of emergency: _____

Relationship to student: _____

Phone number: _____

Medical
conditions: _____

VERNON COLLEGE
Financial Report for High School Playoff Games/Matches

Date _____ Conference _____

Visiting Team _____ Home Team _____

RECEIPTS

Adult general admission	_____	x	\$ _____	=	\$ _____
Student admission	_____	x	\$ _____	=	\$ _____
Special (Other)	_____	x	\$ _____	=	\$ _____
_____	_____	x	\$ _____	=	\$ _____

Total Gate Receipts\$ _____
Other Revenue\$ _____

Total Gross Receipts\$ _____

EXPENSES

Vernon College fee \$ _____ (Check from high school)
Vernon College Worker Fee # _____ x \$ 25.00 = \$ _____ per game/match
(Taken out of Gate Receipts)
Vernon College Janitorial Fee _____ hrs. x \$ _____ = \$ _____

Interscholastic League fee (high school's responsibility) \$ _____
Officials fee (high school's responsibility) \$ _____
Other expenses (list) \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Expenses of game/match.....\$ _____

NET GATE RECEIPTS TO BE DIVIDED\$ _____

School Officials Signatures #1 _____ #2 _____

Playoff Site _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Vernon College Coach's Signature

Vernon College Athletics Drug Testing Policy

In order to protect the student/athlete, and the integrity of the Vernon College Intercollegiate Athletic Program, the Athletic Department reserves the right to randomly drug test any student/athlete. The purposes of the drug-testing program are to prevent injury, illness, and harm resulting from the use of illegal and performance-enhancing drugs or alcohol; help enforce a drug-free educational environment; deter student use of illegal and performance-enhancing drugs or alcohol; and educate students regarding the harm caused by the use of illegal and performance-enhancing drugs or alcohol.

Vernon College's drug testing policy is outlined below:

1. Vernon College and the athletics program stringently follow NJCAA and NIRA Guidelines with reference to drug abuse. The unauthorized use of any substance on the NCAA banned substance list is expressly prohibited.
2. Vernon College requires drug testing of any student who chooses to participate in any athletic program. VERNON COLLEGE WILL TEST IN A RANDOM, UNANNOUNCED, MANDATORY BASIS. REFUSAL TO UNDERGO TESTING WILL BE VIEWED IN THE SAME MANNER AS A POSITIVE TEST.
3. Vernon College shall provide each student a copy of the drug-testing policy and consent form prior to the student's participation in drug testing. The Assistant Athletic Director at Vernon College shall explain the drug-testing program, review the policy and consent form, and provide educational information on the harmful effects of drug and alcohol abuse.
4. Any athlete who voluntarily approaches a Vernon College authority for help with an alcohol or drug problem prior to Vernon College's request for testing will be accorded confidentiality and referral for professional help.
5. Vernon College will be responsible for the costs of all required drug testing.
6. Sanctions for substance or alcohol abuse may include, but are not limited to:
 - A. suspension from intercollegiate teams
 - B. loss of athletic scholarship aid
 - C. permanent prohibition in the intercollegiate program at Vernon College
 - D. immediate removal from college housing scholarship
 - E. other disciplinary sanctions as stated in the current Vernon College Student Handbook.

Chain of Custody

1. The Head Athletic Trainer and Medical Records Officer will be responsible for securing the contract with a designated certified testing facility for sample collection. All samples will be collected at the designated testing facility which is an eScreen occupational health network partner.
2. All non-negative samples will be sent to an outside (eScreen) lab for further testing.
3. The testing facility will administer a 5-Panel mCup urine test.

Positive Test Sanctions

1. The Head Athletic Trainer will notify the Athletic Director (AD) and President of the positive test. The AD and Head Athletic Trainer will notify the Head Coach. The AD, the Head Athletic Trainer and the head coach will notify the student-athlete in person. The student-athlete will be informed of the current disciplinary action and consequences of the positive test.
2. Due to the well-documented dangers of drug use, anyone testing positive of cocaine, heroin, certain prescription drugs, hallucinogenics, methamphetamines or marijuana will automatically be dealt with IMMEDIATE DISMISSAL FROM THE TEAM AND TERMINATION OF ATHLETIC SCHOLARSHIP AID.

Appeal Process

1. The student-athlete may make a request for a re-test within 24 hours of being informed of the positive test.
2. All athletes that test positive have the right to an appeal hearing.
3. The hearing will be held within two (2) weeks following the athlete being notified of a positive result.
4. The hearing will be conducted according to the Non Academic Grievance Procedures outlined in the Student Handbook starting with a written request for review.
5. The student/athlete will not be permitted to compete or practice during the appeals process.

Counseling

Vernon College Counselors may conduct the initial counseling and referral for any athletes that test positive.

Confidentiality

Drug-testing results shall be confidential and shall be disclosed only to the student and designated District officials who need the information in order to administer the drug-testing program. Drug test results shall not be maintained with a student's academic record. Results shall not be otherwise disclosed except as required by law.

A letter concerning a positive test will be filed with the Athletic Director. All other documentation of the positive test results will be filed with the student-athletes athletic medical file located in the Head Athletic Trainer's office.

I _____ a student/athlete at Vernon College have read and

(print name)

understand the drug testing policy at Vernon College. By my signature I understand all ramifications of a positive test as described in the Vernon College Athletics Drug Testing Policy.

Signature

Date

I _____ refuse to sign the above stated policy with the

(print name)

understanding that this constitutes removal from participation as a Vernon College student/athlete.

Signature

Date