

FORM 1

SIDE 1

Your Present College		Your Present Conference		Sport This Season		Previous Seasons of Competition Used in This Sport 0 <input type="checkbox"/> or 1 <input type="checkbox"/>	
Last Name, First, MI				<input type="checkbox"/> Male <input type="checkbox"/> Female		Student ID#	
Present Address, Street, City, State, Zip Code				Telephone #		Today's Date	
High School Last Attended, City, State, Zip Code						Date of Birth	
						Last Date Attended	

From		To		Colleges Attended or Jobs Held, City, State
Mo	Yr	Mo	Yr	

Sport	College	Varsity/JV/Club	Semester	Yr

Date _____

	Yes	No	N/A	<i>The signatures below verify this student's eligibility to participate at this college</i>			
First Competition in any sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coach's Signature _____		Date _____	
Enrolled in 12 units (Bylaw 1.3.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Transcripts received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Educational Plan on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Athletic Director's Signature _____		Date _____	
Passed 24/36 semester/quarter units (Bylaw 1.6.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Has a 2.0 GPA from first participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Meets the 6-unit requirement* (Bylaw 1.3.3 or 1.6.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Registrar/Administrative Rep's Signature _____		Date _____	
Satisfies the transfer rule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Meets the 6-unit requirement for 2 nd term of season*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
High School Recruitment Information (Check only one)				<input type="checkbox"/> In-District	<input type="checkbox"/> Recruiting Area	<input type="checkbox"/> In-State	<input type="checkbox"/> Out-of-State



STUDENT ELIGIBILITY REPORT

FORM 1
SIDE 2

Student-Athlete - Please read the following prior to signing this form. If you have questions, please ask!

1. I understand that in order to be eligible for intercollegiate competition, I must be continuously and actively enrolled and attending class in a minimum of 12 units at my community college during the season of sport, notwithstanding other articles/bylaws of the *CCCAA Constitution and Bylaws*. (Bylaw 1.3.1)
 - * Of the 12 units, at least 9 shall be attempted in courses counting toward remediation, career technical education/certificate courses, associate degree requirements, transfer/general education, and/or lower division theoretical major preparation courses as defined by the college catalog and/or articulation agreements and be consistent with my educational plan. The college shall certify that I have an individual educational plan on file. (Bylaw 1.3.1.B)
2. I understand that actual competition in a scheduled game, meet, or match (except scrimmages for CCCAA purposes) during a sports season shall be recorded as one season of competition in that sport. (Bylaw 1.5)
3. In order to be eligible for the **second season of sport**, I must successfully complete and pass 24-semester/36-quarter units at an accredited postsecondary institution and complete a minimum 6 units during my last full-time term*. The 24-semester/36-quarter unit count begins with and includes the units taken during the first semester/quarter of competition for that sport and must be completed **prior** to the **beginning of the semester/quarter** of the second season of sport. Units from a course repeated to raise a grade of "D" or better **shall not be counted** to satisfy this second-season-of-sport unit eligibility rule. (Bylaw 1.6)
 - * Of the 24-semester/36-quarter units to be completed, 18-semester/27-quarter units shall be in course work counting toward remediation, career technical education/certificate courses, associate degree requirements, transfer/general education, and/or lower division theoretical major preparation courses as defined by the college catalog and/or articulation agreements and be consistent with my educational plan. (Bylaw 1.6.1.2)
4. I understand that once I have competed in a CCCAA-sanctioned sport, I must maintain a minimum cumulative 2.0 GPA and complete a minimum of 6 units during my last full-time term* to continue to be eligible for any sport.
5. I understand that I may not and have not: participated or competed at another college during this season of sport and have not attended an intercollegiate athletic class. I also understand that as a member of a team sport, I may not compete/practice with any outside team in that sport during the season of that sport (See sports listed in Bylaw 3.7).
6. I have never been paid for athletic competition, have never signed a professional contract and I am an amateur in this sport.
7. I understand that I may **NOT** receive financial assistance (housing, jobs, transportation, etc.) or other special privileges for my participation in athletics.
8. I understand that to be eligible to transfer and compete at an NCAA college I may need to register with the NCAA Eligibility Center and meet specific transfer requirements.
9. **STATE DECORUM POLICY**—I understand the following offenses will result in the stated discipline plus any other sanctions deemed appropriate:
 - A. Ejection from a contest for language or unsportsmanlike conduct will result in suspension from the next scheduled contest.
 - B. Second ejection from a contest in the same season will result in a suspension from all remaining contests.
 - C. Physically assaulting or attempting to physically assault an official shall result in immediate ejection and the individual shall be suspended from participation in any CCCAA event for a period of sixty (60) months.
 - D. Physically assaulting or attempting to assault anyone (other than an official) during an event will result in ejection from that contest and suspension from the next two contests.
 - E. Leaving position or the bench/sidelines in reaction to an altercation, but not becoming physically involved will result in ejection from that contest and suspension from the next scheduled contest.
 - F. The use or possession of any drugs, alcohol or tobacco will result in ejection from that contest and suspension from the next two contests.
10. I authorize college authorities to release information about my athletic and academic records for the sole purpose of determining athletic eligibility, as well as my height, weight, and year in college.
11. **My initials authorize the use and publication of my likeness by the CCCAA and its member institutions:** _____
12. I understand that there are special rules for student-athletes. I understand and will abide by the above statements and all rules of athletic eligibility. Information falsely given or concealed by me will cause my college's forfeitures of all games, meets, and/or matches in which I competed, and that I may be designated ineligible for further competition. If I do not agree with any item above, my explanation is attached to this form.
13. My signature on the front of this form certifies that I have read and understand the above.



Name: _____ Mt. SAC ID#: _____

WARNING, AGREEMENT TO COMPLY WITH INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I am aware that playing or practicing to play/participate in any sport can be an activity that involves **MANY RISKS OF INJURY**. I understand that the risks of playing or practicing to play/participate in the sport listed below include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health and well being. I understand that the dangers and risks of playing or practicing to play/participate in the sport list below may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the risks of participating in the sport below, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to comply with such instructions.

In consideration of the Mt. San Antonio College District permitting me to tryout for (sport) _____ and to engage in all activities related to the team, including but not limited to trying out, practicing or playing/participating in that sport, I hereby assume all the risks associated with participation and agree to hold Mt. San Antonio College District, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever, which may arise by or in connection with my participating in any activities related to the Mt. San Antonio College (sport) _____ team. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Student Date

Signature of Parent or Guardian (if student is a minor) Date

Signature of Dean/Athletic Director Date

MT. SAN ANTONIO COLLEGE • 1100 N. GRAND AVE • WALNUT, CA 91789

DEAN/ATHLETICS DIRECTOR

PHONE

FAX

WEB

JOE JENNUM

909.274.4630

909.274.2998

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OUT-OF-STATE STUDENT CONTACT RECORD

FORM C

This form shall be completed by all student-athletes who are from outside the State of California.

DIRECTIONS:

- A. Have each out-of-state student complete this form on the first person-to-person visit to the host college's campus. **Exception: Colleges with out-of-state recruiting waivers are exempt from this policy.**
- B. When the student enrolls at your college, attach this FORM C to the college's copy of the eligibility FORM 1 for first-contact verification.

TO BE COMPLETED BY THE STUDENT-ATHLETE:

(Please type or print)

Name Phone Number Date of Birth Today's Date

Your Current Address: Street, City, State, Zip Code

High School of Last Attendance Date of Last Attendance

High School Address: Street, City, State, Zip Code

List your sport (s) List the community college(s) you would normally attend

I hereby certify that I made the first contact with:

College

and that I have chosen this college without prior contact by members of the staff or persons representing the college. I understand that any misinformation will result in loss of eligibility and forfeiture of contests.

Signature Date

ATHLETIC DIRECTOR: PLEASE KEEP ON FILE AT YOUR CAMPUS

(7/1/19)