

**FDLTCC TRIBAL AND COMMUNITY COLLEGE
STUDENT/ATHLETE AGREEMENT FORM**

RULES, POLICIES, PROCEDURES GOVERNING STUDENT/ATHLETES AT FDLTCC

1. FDLTCC Student Handbook
2. NJCAA Eligibility Rules and Code of Conduct
3. MCAC Rules and financial aid information
4. Team Rules
5. Athletic Department Policies
6. Consent to use action and individual photographs and/or digital images for public relations purposes
7. Consent to release academic grade information to the NJCAA, MCAC, and other colleges and universities as deemed necessary
8. Updated physical and copy of Physical Form on file. (Physicals are good for one year)
9. Proof of insurance form and copy of insurance card (forms on file)

I agree, as a FDLTCC student/athlete, to abide by the above rules, procedures, and policies. These were explained to me and I was given copies of these at the initial team meeting with the athletic staff.

Sport: _____

Print Name : _____

Student/Athlete Signature: _____

Date: _____

THUNDER ATHLETICS
2101 14TH STREET CLOQUET, MN 55720

Consent to Photograph

I hereby give Fond du Lac Tribal and Community College the right to use, reproduce, distribute, and to permit the use to others, of all photographs, negatives, and/or video taken of me for educational, publication or marketing purposes, without any compensation to me. I consent that all of this material shall be solely and completely the property of Fond du Lac Tribal and Community College, and I waive any right to inspect or approve any proposed publication in any medium.

I hereby certify that I am 18 years old or over, and competent to sign my own name. I also certify that I have read and completely understand the contents of the above release before affixing my signature below.

Print Name: _____

Signature: _____

City and State: _____

Date: _____

If necessary, for minors less than 18 years old:

If a parent/guardian is signing for approval on behalf of a minor, please print the minor's name and hometown on the lines above. The parent/guardian must sign below.

Signature of Parent/Guardian: _____

Date: _____

FDLTCC Witness: _____

Date: _____

FOND DU LAC TRIBAL AND COMMUNITY COLLEGE
ATHLETE'S RISK ACKNOWLEDGEMENT AND CONSENT

NAME:

DATE OF BIRTH:

TODAY'S DATE:

I wish to participate in the sport of _____ at Fond du Lac Tribal and Community College during the 2018-19 season. I realize that there are risks involved in my participation and I attended a group meeting where these risks were discussed and explained. Information about the risks was shared by the Athletic Coordinator.

We watched a presentation explaining sports risk, listened to presentations by the athletic director and athletic trainer, and had an opportunity to have all our questions answered. I understand that the risks include a full range of injuries, from minor to severe.

I recognize the possibility that I might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of my participation in this sports program. I realize that neither the protective equipment and padding used in the sport, the safety rules and procedures of the sport, the coaching instruction I receive, nor the sports medicine care I am provided will guarantee my safety or prevent all injuries I might sustain. I agree to accept these risks as a condition of my participation.

SPECIAL CONDITIONS: I realize that my (special condition) creates an additional risk for me and I discussed these risks with the athletic director, my coaches, and the sports medicine providers during the meeting. They explained to me that, because of this condition, the special risks for me are as follows:

I understand these concerns and agree to follow all directions and recommendations of my physicians and the sports medicine providers in this program. I also agree to accept these additional risks to me as a part of my participation in this program.

Signature: _____

If under 18, parent or guardian must also sign

Parent signature:

Date:

DO NOT SIGN THIS FORM IF YOU HAVE ANY QUESTIONS OR CONCERNS