# Preparticipation Physical Evaluation

**PHYSICAL EXAMINATION FORM**

### PHYSICIAN REMINDERS
1. Consider additional questions on more sensitive issues:
   - Do you feel stressed, hopeless, depressed, or anxious?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Have you ever taken analgesic steroids or used any other performance supplements?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

### EXAMINATION

<table>
<thead>
<tr>
<th></th>
<th>Weight</th>
<th>Weight</th>
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<tbody>
<tr>
<td>BP</td>
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<tr>
<td>Pulse</td>
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<tr>
<td>Corrected</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### MEDICAL

<table>
<thead>
<tr>
<th></th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mucous membranes (hydropneumonia, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height)</td>
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<td></td>
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<tr>
<td>- Eyes/nose/throat:</td>
<td></td>
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<tr>
<td>- Pupils equal</td>
<td></td>
<td></td>
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<tr>
<td>- Hearing</td>
<td></td>
<td></td>
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<tr>
<td>Lymph nodes</td>
<td></td>
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<tr>
<td>Heart:</td>
<td></td>
<td></td>
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<tr>
<td>- Murmurs (auscultation standing, supine, +/- Valsalva)</td>
<td></td>
<td></td>
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<tr>
<td>- Location of point of maximal impulses (PML)</td>
<td></td>
<td></td>
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<tr>
<td>Pulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Simultaneous femoral and radial pulses</td>
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<td></td>
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<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary (males only)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- HSV, lesions suggestive of MRSA, linea alba</td>
<td></td>
<td></td>
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<tr>
<td>Neurologic*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MUSCULOSKELETAL

- Neck
- Back
- Shoulder/arm
- Elbow/forearm
- Wrist/hand/feet
- Hip/thigh
- Knee
- Leg/shoulder
- Foot/leg

| Functional: |
| - Duck-walk, single leg hop |

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
*Consider GU exam if in private setting. Having third party present is recommended.
*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

### Clearance

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for

- Not Cleared:
  - Pending further evaluation
  - For any sports
  - For certain sports

### Recommendations

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sports(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent. If conditions arise which cause the student to have been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parent/guardian).

Name of physician (print/copy): 
Address: 
Phone: 
Signature of physician: 
Date: 

**Preparticipation Physical Evaluation History Form**

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam: ____________________________ Date of birth: ____________________________

Sex: _______ Age: _______ Grade: _______ School: _______ Sports: _______

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

---

Do you have any allergies? □ Yes □ No If yes, please identify specific allergy below.

□ Medicines □ Pollen □ Food □ Stinging Insects

---

Explain “Yes” answers below. Circle questions you don’t know the answers to.

**GENERAL QUESTIONS**

1. Has a doctor ever denied or restricted your participation in sports for any reason? 

2. Do you have any ongoing medical conditions? If so, please identify below:
   - □ Asthma □ Allergy □ Diabetes □ Infections
   - Other: ____________________________

3. Have you ever spent the night in the hospital?

4. Have you ever had surgery?

**HEART HEALTH QUESTIONS ABOUT YOU**

5. Have you ever passed out or nearly passed out during or after exercise?

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

7. Does your heart ever race or skip beats (irregular beats) during exercise?

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
   - □ High blood pressure □ A heart murmur □ High cholesterol □ A heart infection
   - Kawasaki disease □ Other: ____________________________

9. Has a doctor ever ordered a test for your heart? (For example, ECG, EKG, echocardiograms)

10. Do you feel light-headed or feel more short of breath than expected during exercise?

11. Have you ever had an unexplained seizure?

12. Do you get more tired or short of breath more quickly than your friends during exercise?

**HEART HEALTH QUESTIONS ABOUT YOUR FAMILY**

13. Has any family member or relative died of heart problems or had an unexplained or unexplained sudden death before age 60, including drowning, unexplained car accident, sudden infant death syndrome?

14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

**BONE AND JOINT QUESTIONS**

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?

18. Have you ever had any broken or fractured bones or dislocated joints?

19. Have you ever had an injury that required X-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?

20. Have you ever had a stress fracture?

21. Have you ever been told that you have or you have had an X-ray for neck instability or atlantoaxial instability? (Down syndrome or Ehlers Danlos)

22. Do you regularly use a brace, orthotics, or other assistive device?

23. Do you have a bone, muscle, or joint injury that bothers you?

24. Do any of your joints become painful, swollen, feel warm, or look red?

25. Do you have any history of juvenile arthritis or connective tissue disease?

**MEDICAL QUESTIONS**

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?

27. Have you ever used an inhaler or taken asthma medication?

28. Is there anyone in your family who has asthma?

29. Were you born without or are you missing a kidney, an eye, a testicle (male), your spleen, or any other organ?

30. Have you ever had a head injury or concussion?

31. Have you ever had infectious mononucleosis (mono) within the last month?

32. Do you have any rashes, pressure sores, or other skin problems?

33. Have you had a herpes or Mumps skin infection?

34. Have you ever had a head injury or concussion?

35. Have you ever had a break or blow to the head that caused confusion, prolonged headache, or memory problems?

36. Do you have a history of seizure disorder?

37. Do you have headaches with exercise?

38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?

39. Have you ever been unable to move your arms or legs after being hit or falling?

40. Have you ever become ill while exercising in the heat?

41. Do you get frequent muscle cramps while exercising?

42. Do you or someone in your family have Chronic Kidney Disease?

43. Have you had any problems with your eyes or vision?

44. Have you had any eye injuries?

45. Do you wear glasses or contact lenses?

46. Do you wear protective eyewear, such as goggles or a face shield?

47. Do you worry about your weight?

48. Are you trying to or have anyone recommended that you gain or lose weight?

49. Are you on a special diet or do you avoid certain types of foods?

50. Have you ever had an eating disorder?

51. Do you have any concerns that you would like to discuss with a doctor?

**FEMALES ONLY**

52. Have you ever had a menstrual period?

53. How old were you when you had your first menstrual period?

54. How many periods have you had in the last 12 months?

Explain "yes" answers here

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

Signature of athlete: ____________________________ Signature of parent/guardian: ____________________________ Date: ____________________________


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I-20010410
Preparticipation Physical Evaluation Clearance Form

Name ___________________________ Sex □ M □ F Age _______ Date of birth _______

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for __________________________

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports __________________________

Reason __________________________

Recommendations __________________________

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) __________________________ Date _______

Address __________________________ Phone _______

Signature of physician __________________________, MD or DO

Emergency Information

Allergies __________________________

Other information __________________________

_______________________________

# Preparticipation Physical Evaluation

**The Athlete with Special Needs: Supplemental History Form**

Date of Exam ____________________________

Name ____________________________ Date of birth ____________________________

Sex __________ Age __________ Grade __________ School __________ Sport(s) __________

1. Type of disability
2. Date of disability
3. Classification (if available)
4. Cause of disability (birth, disease, accident/trauma, other)
5. List the sports you are interested in playing

| 6. Do you regularly use a brace, assistive device, or prosthesis? | Yes | No |
| 7. Do you use any special brace or assistive device for sports? | Yes | No |
| 8. Do you have any rashes, pressure sores, or any other skin problems? | Yes | No |
| 9. Do you have a hearing loss? Do you use a hearing aid? | Yes | No |
| 10. Do you have a visual impairment? | Yes | No |
| 11. Do you use any special devices for bowel or bladder function? | Yes | No |
| 12. Do you have burning or discomfort when urinating? | Yes | No |
| 13. Have you had autonomic hyperreflexia? | Yes | No |
| 14. Have you ever been diagnosed with a heat-related hyperthermia or cold-related (hypothermia) illness? | Yes | No |
| 15. Do you have muscle spasticity? | Yes | No |
| 16. Do you have frequent seizures that cannot be controlled by medication? | Yes | No |

**Explain "yes" answers here**

Please indicate if you have ever had any of the following.

| Atlantoaxial Instability | Yes | No |
| X-ray evaluation for atlantoaxial instability | Yes | No |
| Dislocated discs (more than one) | Yes | No |
| Easy bleeding | Yes | No |
| Enlarged spleen | Yes | No |
| Hepatitis | Yes | No |
| Osteoporosis or osteopenia | Yes | No |
| Difficulty controlling bowel | Yes | No |
| Difficulty controlling bladder | Yes | No |
| Numbness or tingling in arms or hands | Yes | No |
| Numbness or tingling in legs or feet | Yes | No |
| Weakness in arms or hands | Yes | No |
| Weakness in legs or feet | Yes | No |
| Recent change in coordination | Yes | No |
| Recent change in ability to walk | Yes | No |
| Spinal cord injury | Yes | No |
| Lateral laceration | Yes | No |

**Explain "yes" answers here**

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

Signature of athlete ____________________________ Signature of parent/guardian ____________________________ Date ____________________________

Pre-Participation Student-Athlete COVID-19 Screening
To be completed prior to pre-participation physical and presented to healthcare practitioner for review during physical exam. To be submitted to Athletic Department as attachment to physical exam document.

Name: __________________________
Student ID#: ____________________
Date of Birth: __________ Age: _______ (MM/DD/YYYY)
Gender: □ Male □ Female Sport(s): _____________________________

Please complete this form to assess your potential exposure / possession of COVID-19 and other illnesses.

Are you currently free from illness? □ Yes □ No

Prior to coming / returning to campus, did you experience, or are you currently experiencing any of the following:

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>YES</th>
<th>NO</th>
<th>LENGTH OF SYMPTOM</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Chills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extreme Level of Fatigue</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Cough</td>
<td></td>
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<tr>
<td>Pain / Difficulty Breathing</td>
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<td></td>
<td></td>
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<tr>
<td>Shortness of Breath</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore Throat</td>
<td></td>
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<td></td>
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<tr>
<td>Body / Muscle Ache</td>
<td></td>
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<td></td>
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<tr>
<td>Loss of Taste</td>
<td></td>
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<td></td>
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<tr>
<td>Loss of Smell</td>
<td></td>
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<td></td>
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<tr>
<td>Changes to Vision / Eye Discharge</td>
<td></td>
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</tbody>
</table>

QUESTION

2-14 days prior to experiencing these symptoms, did you experience a suspected exposure to COVID-19?

□ Yes □ No

Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/or in an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?

□ Yes □ No

Have you had any direct contact with someone who has a suspected or lab confirmed case of COVID-19?

□ Yes □ No

Prior to coming to campus / during your trip away from campus, did you self-quarantine due to suspected symptoms or exposure of COVID-19?

□ Yes □ No

Prior to coming to campus / during your trip away from campus, have you been living in, or have visited an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?

□ Yes □ No

Have you previously been or are you currently diagnosed with COVID-19?

□ Yes □ No DATE OF DIAGNOSIS: __________/_________/_______

Do you have medical documentation to support your diagnosis and treatment of COVID-19?

□ Yes □ No

PHYSICIAN NAME: ____________________________

PHYSICIAN LOCATION: ____________________________

Please list any countries/states/cities you have traveled to since March 15th, 2020 and the dates you were there:

1. ___________________________ Dates: ___________________________
2. ___________________________ Dates: ___________________________
3. ___________________________ Dates: ___________________________
4. ___________________________ Dates: ___________________________
5. ___________________________ Dates: ___________________________

Student-Athlete Signature: __________________________ Date: __________________________
UCONN AVERY POINT ATHLETICS

Insurance Form

Student Name: 
Home Address: 
City: State: Zip: 
Email: 

Student ID: 
Sport: 
DOB: 
Cell: 

Emergency Contact Information

Father/Guardian’s Name: 
Home Address: 
City: State: Zip: 
Home Phone: 
Work Phone: 
Cell Phone: 

Mother/Guardian’s Name: 
Home Address: 
City: State: Zip: 
Home Phone: 
Work Phone: 
Cell Phone: 

Insurance Information

Please check one:

My son/daughter has purchased and is covered by the University’s health insurance policy.

I hereby authorize a claim to be filed on the medical insurance policy indicated below. In the event that my son/daughter sustains an injury while participating in athletics at UCAP.

Policy Holder: (check) Father: Mother: 

I am an international student.

Does your medical insurance carrier require:

A second opinion for surgery? Yes No

Referrals for Service? Yes No

Pre-certification? Yes No

Name of primary care physician: Phone: 

I hereby certify that the answers provided are true, complete and correct to the best of my knowledge.

Signature of Policy Holder: 

Date: 

TAPE FRONT OF INSURANCE CARD HERE

TAPE BACK OF INSURANCE CARD HERE
Name: ____________

DOB: ____________

Cell #: ____________

Email ____________

Previous Medical Conditions/Injuries/Surgeries: ____________________________

________________________

________________________

Current Medical Conditions and Allergies: ____________________________

________________________

________________________

Emergency Contact (Name and Phone Number): ____________
UCONN
AVERY POINT

ATHLETICS

Academic Information Release

The athletic department at the University of Connecticut Avery Point requests permission to receive academic updates, test results, classroom performance and attendance reports to help monitor and support our student-athletes. These requests may be made to the professors of our student-athletes during the course of a semester.

This information will be confidential and will only be used by appropriate athletic department staff.

By signing this form, you are approving the release of your academic records to the UConn Avery Point athletic department and its staff.

______________________________  ______________________________
Student-Athlete Signature       Date

______________________________  ______________________________
Parent/Guardian Signature (if under 18)  Date
I hereby authorize UConn and the applicable conference or its agents or licensees to make copies of, use and distribute, directly or through a third party, any photographic or other images taken in conjunction with my participation on a University of Connecticut intercollegiate athletic team in accordance with the NJCAA bylaws. I also authorize UConn or its agents or licensees to use my name and any relevant biographical or statistical information.

Student-Athlete Signature ____________________________ Date ____________

Parent/Guardian Signature (if under 18) ____________________________ Date ____________
I hereby authorize UConn and the applicable conference or its agents or licensees to make copies of, use and distribute, directly or through a third party, any photographic or other images taken in conjunction with my participation on a University of Connecticut intercollegiate athletic team in accordance with the NJCAA bylaws. I also authorize UConn or its agents or licensees to use my name and any relevant biographical or statistical information.

______________________________  ________________
Student-Athlete Signature        Date

______________________________  ________________
Parent/Guardian Signature (if under 18) Date
UCONN
AVERY POINT
ATHLETICS
Promotional Activities Release

In order to participate in any institutional, conference, charitable or educational agency promotional activity in which I agreed to volunteer my time I hereby understand and agree to the following conditions:

• No class time will be missed in order to facilitate my participation.
• My participation is purely voluntary.
• My name, picture or appearance will not be used in any way which would directly or indirectly imply my endorsement of a commercial product or service.
• All proceeds from the activity or project will go directly back to the organization or agency for which I am volunteering.
• The specific activity or project will not involve co-sponsorship, advertisement or promotion by a commercial entity.
• An authorized representative of the charitable or educational agency will sign a release statement ensuring my name, image or appearance will be used in a manner consistent with current NJCAA and NCAA legislation.

I understand that my signature provides UConn my consent to voluntarily participate in an institutional, conference, charitable or educational activity that adheres to the stipulations above.

__________________________________  ____________________________
Student-Athlete Signature                Date

__________________________________  ____________________________
Parent/Guardian Signature (if under 18)  Date
I realize and agree that participation in athletics at UConn is dependent upon, but not limited to, adherence to the statements contained in the UConn Division of Student Affairs Student Code: community.uconn.edu/the-student-code-preamble

I hereby certify that I have read, understand and will observe the statements contained in the Student Code for the entire period of time that I am a student-athlete at UConn Avery Point. I have had the opportunity to ask questions and receive explanation for any statements that I do not understand.

I have been made aware that the Student-Athlete handbook is available online via the UConn Avery Point athletics website and understand that it is a reference that explains my obligations and responsibilities as a student-athlete at UConn Avery Point. Current policies and procedures for student-athletes are contained in this document, which includes such issues as:

- NJCAA, Region XXI and Institutional requirements for participation in athletics and how to report NJCAA violations
- Social networking guidelines
- Academic and eligibility requirements and expectations
- University hazing policy
- Available counseling (mental/emotional, alcohol and substance dependency, eating disorders, etc.)

I consent that it is my obligation to read and understand the Student-Athlete Handbook.

I have agreed to the above provisions and the requirements of the Student Code and Student-Athlete Handbook.

_________________________________ Date
Student-Athlete Signature

_________________________________ Date
Parent/Guardian Signature (if under 18)
UCONN AVERY POINT

ATHLETICS

Alternative Transportation Release & Waiver Agreement

Upon submission and receipt of this signed Alternative Transportation Release & Waiver Agreement, (the "Agreement") to the University of Connecticut Avery Point Athletic Department, I, (Student-Athlete) ____________________ hereby request permission not to be transported in a motor vehicle provided by the University of Connecticut Avery Point Athletic Department, and further request to use transportation of my own choice, with the permission of my Parent/Guardian. In furtherance of my request above, I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE, the University of Connecticut, the University of Connecticut Avery Point Athletic Department, its officers, trustees, agents and employees (the "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever, that arise, or may arise out of, or related to any loss, damage, or injury, including death, or other personal injury, that may be sustained by me, another person, or to any property belonging to me while being transported to or from an athletic practice, competition, or other recognized team activity in a motor vehicle not owned by, or under the control of, the University of Connecticut.

I further agree that my family members, spouse, and heirs if I am no longer alive, hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE, the Releasees on my behalf.

I further agree to INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, or damage costs including but not limited to court costs and/or attorney’s fees that I may incur due to the use of the transportation of my choice. I also do not hold the Releasees responsible for any financial reimbursement for my choice of transportation, including but not limited to gas money, public transportation costs, or any purchase not associated with the team, not approved by the head coach or athletic administrator prior to purchase. Therefore, any purchase made without prior appropriate approval is my sole responsibility.

By signing this Agreement, I ACKNOWLEDGE AND REPRESENT THAT, I have read, understand, and sign it voluntarily as my own act of free will. I further acknowledge and represent that I am fully competent, and I execute this agreement with adequate, complete consideration, and fully intended to be bound by the contents of this Agreement.

Academic Year

Sport

Student-Athlete (Print Name)

Signature of Student-Athlete

Date

Signature of Parent/Guardian

Approvals:

Head Coach

Athletic Director
UCONN
AVERY POINT
ATHLETICS
Social Media Policy

Playing and competing for the University of Connecticut Avery Point is a privilege. Student-athletes at UConn Avery Point are held in the highest regard and are seen as role models in the community. As leaders you have the responsibility to portray your team, your University and yourselves in a positive manner at all times. Sometimes this means doing things that are an inconvenience to you, but benefit the whole team.

Snapchat, Facebook, Twitter, Instagram and other social media sites have increased in popularity globally, and are used by the majority of student-athletes here at UConn Avery Point in one form or another.

Student-athletes should be aware that third parties - including the media, faculty, future employers, NJCAA and NCAA officials - could easily access your profiles and view all personal information. This includes all pictures, videos, comments and posters. Inappropriate material found by third parties affects the perception of the student-athlete, the athletic department and the University. This can also be detrimental to a student-athlete's future employment options.

Examples of inappropriate and offensive behaviors concerning participation in online communities may include depictions or presentations of the following:
- Photos, videos, comments or posters showing the personal use of alcohol, drugs and tobacco (e.g., no holding cups, cans, shot glasses)
- Photos, videos, and comments that are of a sexual nature. This includes links to websites of a pornographic nature and other inappropriate material.
- Pictures, videos, comments or posters that condone drug-related activity. This includes but is not limited to images that portray the personal use of marijuana and drug paraphernalia.
- Content online that is unsportsmanlike, derogatory, demeaning or threatening toward any other individual or entity (examples: derogatory comments regarding another institution; taunting comments aimed at a student-athlete, coach or team at another institution and derogatory comments against race and/or gender). No posts should depict or encourage unacceptable, violent or illegal activities (examples: hazing, sexual harassment/assault, gambling, discrimination, fighting, vandalism, academic dishonesty, underage drinking, illegal drug use).
- Content online that would constitute a violation of University or NJCAA rules.
- Information that is sensitive or personal in nature or is proprietary to the UConn Avery Point Athletic Department or the university, which is not public information (examples: tentative or future team schedules, student-athlete injuries and eligibility status, travel plans/itineraries or information).

If a student-athlete's profile and its contents are found to be inappropriate in accordance with the above behaviors, he/she will be subject to the following penalties:
1. Written warning
2. A meeting with Athletic Director and Head Coach
3. Penalties as determined by the athletic department, including but not limited to possible suspension from his/her athletic team.

For your own safety, please keep the following recommendations in mind as you participate in social media websites:
- Set your security settings so that only your friends can view your profile.
- You should not post your email, home address, local address, telephone number(s), or other personal information as it could lead to unwanted attention, stalking, identity theft, etc.
- Be aware of who you add as a friend to your site - many people are looking to take advantage of student-athletes or to seek connection with student-athletes.
- Consider how the above behaviors can be reflected in all social media applications.

If you are ever in doubt of the appropriateness of your online public material, consider whether it upholds and positively reflects your own values and ethics as well as the Athletic Department and the University's. Remember, always present a positive image and don't do anything to embarrass yourself, the team, your family, or the University.

By signing below you affirm that you understand the UConn Avery Point Athletic Department Social Media Policy and Guidelines for Student-Athletes and the requirements that you must adhere to as a UConn Avery Point student-athlete. Also, you affirm that failure to adhere to this policy and guidelines may result in consequences that include suspension from your athletic team, and you may be subject to additional penalties imposed by the NJCAA, Region XXI or UConn.

Printed Name ___________________________ Signature ___________________________
Date ___________________________ Parent/Guardian Signature (if under 18) ___________________________
University of Connecticut Avery Point Student-Athlete Information
for use only by UCAP Athletics for Publicity and News Releases

Full Name

Home Address (please include hometown as well):

Parents' Name

Brothers/Sisters

Home Phone (with area code)

Cell Phone

High School

Year of Graduation from High School

High School Coach (First & Last Name)

Individual Honors Won in High School (be specific – All-State, Team MVP, etc.)

Team Honors in High School (be specific)

Did you attend prep school after high school? If so, where

Have you attended another college? If so, where

Were you a captain in high school?

If yes, circle years Fr. So. Jr. Sr.

If a captain for multiple sports, write both sports here:

Position

Other sports and honors in high school, AAU, other programs

Date of Birth

Class - circle class for coming season Fr. So.

Height _______ Weight _________ Bats/Throws (baseball only) _________
NJCAA Eligibility Affidavit

SPORT: ___________________________ Date: ___________________________

Fill in all applicable information on this form to assist in determining eligibility for the NJCAA.

Personal Information:
Name: ___________________________ Birth Date: / / ID Number: ___________________________
(First, Middle, Last)

Student's College Address: ___________________________ Street Address ___________________________
City, State, Zip Code ___________________________

Phone Number(s) at College: ___________________________

Other Information:
Parent's Home Address: ___________________________ Street Address ___________________________
City, State, Zip Code ___________________________

Phone Number: ___________________________ Parents' Names: ___________________________

Foreign Born Students:
Do you have an I-20 Form on file at this college? Yes ____ No ____

High School Information:
Name of High School(s) you have attended: ___________________________

City, State & Country: ___________________________

Did you graduate?: Yes* ____ No ____ High School Graduation Date (month/date/year): / / 

Were you home schooled? Yes ____ No ____ Did you graduate? Yes* ____ No ____

Check here if you have earned a *GED or state department of education approved high school equivalency test
Yes____ No____ If yes, enter the date earned (month/date/year): / / 

* Enclose a COPY of your High School Transcript, and GED Certificate or state department of education approved high school equivalency test (if applicable).

Additional Information:
1. Did you take any college credit classes while in high school? Yes* ____ No ____
   * If yes, from what college(s)? ___________________________
   * If yes, those transcript(s) from each college must be on file at this college.

2. Have you ever signed a Letter of Intent form with any institution? Yes ____ No ____
   If yes, specify the College: ___________________________ Date (day/month/year): / / 

3. Have you ever participated in a sport in a country other than the United States? Yes ____ No ____
   Sport(s)? ___________________________ Country: ___________________________ Dates: ___________________________
   If yes, describe the situation:

4. Have you ever been red-shirted for a season? Yes ____ No ____
   If yes, list the dates of that season, name of college, and describe the situation.

__________________________

(Page 2 - NJCAA Eligibility Affidavit Continued)
5. Have you ever participated in practices, scrimmages, and/or games for an intercollegiate team other than this college? Yes ____ No ____ If yes, name the school, date, sport, and describe the situation. ____________________________________________________________________________

6. Have you ever played on a club team at a college or university? Yes ____ No ____ If yes, name the school, sport and dates. ____________________________________________________________________________

7. Do you currently play on any other sport teams (i.e. USAV, city recreational leagues, indoor soccer, AAU, etc.) Yes ____ No ____ If yes, please provide the name of team, location, and dates of participation. ____________________________________________________________________________

8. Have you ever received money beyond expenses for participating in any athletic event? Yes ____ No ____

   Did anyone on your team receive money beyond expenses for participating in any athletic event? Yes ____ No ____

   If yes, describe the situation below and the NJCAA Amateurism Questionnaire should be completed and included with the eligibility file. ____________________________________________________________________________

List ALL Colleges Attended Full-Time and/or Part-Time after High School
All transcripts from all previous institutions must be included.

<table>
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<tr>
<th>College</th>
<th>Dates</th>
<th>Full-time or Part-time? (circle one)</th>
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Additional Explanations:
NOTE: If you attended college part-time or were not attending college for any period of time following high school graduation, please document your employment and military history during those times in the space below. If you were unemployed at any time, please list those dates below. The NJCAA requires that you account for any time not enrolled full-time. Please use the space below. Please record months and years when referring to dates. ____________________________________________________________________________

I understand that information falsified or omitted can make me ineligible for ALL future college competition in compliance with the National Junior College Athletic Association Eligibility Rules.

Student-Athlete Signature: ___________________________ Date: ___________________________

Coach Signature: ___________________________ Date: ___________________________