

Name (First Last) _____
 Preferred Name on NCAA roster (If different than above) _____
 (ie: Robert – Rob, Elizabeth- Beth)

Student ID# 800 _____
Sport: _____

**2009-2010 THE COLLEGE AT BROCKPORT
 NCAA / ECAC / SUNYAC / INSTITUTIONAL ELIGIBILITY STATEMENT**

Age: _____ Academic Yr: FR SO JR SR GR Major: _____

Permanent Address: _____ City, State: _____ Zip: _____

E-mail address: _____ @ _____

Ethnicity: Caucasian Black Hispanic Asian Native American Other

IN CASE OF EMERGENCY PLEASE CONTACT:

Name _____ Phone # (____) _____ - _____ Relationship _____

Local Address: _____ City: _____ Phone # (____) _____ - _____
 Dorm/ Street

High School: _____ HS Grad Date: _____

HS Location: City: _____ ST: _____

Date first attended as a FULL TIME student at BROCKPORT: Semester / Year _____

SECTION 2 – COLLEGIATE HISTORY

Since graduating from High School, list each academic semester and indicate where you were enrolled as a student, either part time or full time. If you were not enrolled in a particular semester, indicate this as well. TRANSFERS: For PREVIOUS COLLEGE requests, provide the last four digits of your social security #: xxx-xx-_____

Include the current semester when completing the paperwork even if this is your first semester.

	Semester of enrollment	College	Full or Part time	“x” if you practiced or competed
Example	Fall 2005	Cortland	Full	X
	Spring 2006	Cortland	Full	
Semester 1				
Semester 2				
Semester 3				
Semester 4				
Semester 5				
Semester 6				
Semester 7				

SECTION 3 – PRIOR PARTICIPATION / AMATUERISM ANSWER ALL QUESTIONS
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Participation is defined as practice or competition in the sport (04-05)

- Did you participate on a COLLEGE club sport at any institution that also sponsored the same sport at the intercollegiate level? Yes No
- Did you have a medical hardship waiver granted in this sport? Yes No
If yes, what academic year _____
- Total number of previous years of INTERCOLLEGIATE PARTICIPATION in this sport. _____
- Total number of previous years of participation in this sport at BROCKPORT. _____
- List all teams which you have participated in a tryout, all-star game, practice, scrimmage, exhibition contest or regular game the summer between your Senior year in High School and Freshman year in College.
TEAM: _____ Date(s) of Participation: _____
- Has your name or photograph every been used to promote a commercial product or service. (This includes personal appearances) Yes No
If yes – describe any compensation, expense reimbursement or gift of merchandise that you received: _____
- Have you ever signed a professional contract, a contract with a professional agent or been represented by a professional sports agent in your sport. Yes No
If yes, state name of agent, date, sport, etc. _____
- Have you ever participated in a MAJOR JUNIOR “A” TEAM (TIER I) in the sport of ice hockey? Yes No

SECTION 4 - ACADEMIC STATUS ANSWER ALL QUESTIONS
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- Total number of registered credit hours this semester: _____
(You must maintain at least 12 credit hours throughout the semester to remain eligible for intercollegiate participation)
If you are a graduate student, you must be registered for 12 hours in order to be eligible for intercollegiate participation.
- Have you ever been dismissed from a collegiate institution? Yes No
if Yes, When _____ From Where _____ Why _____
- Are you part of the Equal Opportunity Program? Yes No
- Are you currently enrolled as Freshman Exceptional Talent Student-athlete? Yes No
- Are you a US Citizen student? Yes No
- Since enrolling in a collegiate institution for the first time, have you been on active Military duty? Yes No

7. Have you ever been convicted of a felony or violent crime? Yes No

STATEMENT ACKNOWLEDGING THAT PARTICIPATION IN SPORTS CAN BE DANGEROUS

This is to acknowledge that I have been informed by members of the intercollegiate athletic program at the State University of New York College at Brockport that my participation in any and all sports can result in minor and/or serious injury to myself and other, including paralysis and even death.

NCAA Bylaw 10.3 GAMBLING ACTIVITES

The NCAA prohibits student-athletes and athletic department staff members from participating in gambling activities associated with professional sports events in which the Association conducts championship competition, Division I-A football and emerging sports.

As a member of an intercollegiate athletic team at The College at Brockport, I shall not knowingly:

- Provide information to individuals involved in organized gambling activities concerning intercollegiate athletics competition.
- Solicit a bet on ANY INTERCOLLEGIATE team.
- Accept a bet on any team representing the institution.
- Participate in any gambling activity that involves intercollegiate athletics or professional athletics, through a bookmakers, a parlay card, or any other method employed by organized gambling.
- Participate in a pool or fantasy league where an entry fee is required.

I certify that the information given by me above is correct and complete. I know of nothing in the rules of the National Collegiate Athletic Association, the Eastern College Athletic Conference, the State University of New York Athletic Conference or the College at Brockport, which makes me ineligible to compete in intercollegiate athletics at the State University of New York, College at Brockport. **I UNDERSTAND THAT ANY FALSE STATEMENT MADE BY ME ON THIS ELIGIBILITY STATEMENT WILL RENDER ME INELIGIBLE FOR ANY FURTHER INTERCOLLEGIATE PARTICIPATION CONDUCTED UNDER THE AUSPICES OF THE NCAA, ECAC, SUNYAC, AND THE STATE UNIVERSITY OF NEW YORK AT BROCKPORT.**

Date: _____

Signature: _____

Printed Name: _____



Student-Athlete Statement – NCAA Division III

For:	Student-Athletes
Action:	Sign and return to your director of athletics.
Due date:	Before you first compete each year.
Required by:	NCAA Constitution 3.2.4.5 and NCAA Bylaws 14.1.3.1 and 30.13.
Purpose:	To assist in certifying eligibility.
Effective Date:	This NCAA Division III statement/consent form shall be in effect from the date this document is signed and shall remain in effect until a subsequent Division III Student-Athlete Statement/Drug-Testing Consent form is executed.

Student-Athlete: _____
(Please print name)

Name of your institution: The College at Brockport, State University of New York

This form has four parts: a statement concerning eligibility; a Buckley Amendment consent; a statement concerning the promotion of NCAA championships and other NCAA events; and results of drug tests. You must sign all four parts in order to participate in intercollegiate competition.

Before you sign this form, you should read the Summary of NCAA Regulations, or another outline or summary of NCAA legislation, provided by your director of athletics or read the bylaws of the NCAA Division III Manual that deal with your eligibility. If you have any questions, you should discuss them with your director of athletics.

The conditions that you must meet to be eligible and the requirement that you sign this form are indicated in the following articles and bylaws of the Division III Manual:

- Bylaws 10, 12, 13, 14, 15, 16, 18.4 and 31.2.3

If you have questions you may contact the NCAA at 317/917-6222.

Part I: Statement Concerning Eligibility.

1. By signing this part of the form, you affirm that, to the best of your knowledge, you are eligible to compete in intercollegiate competition.
2. You affirm that you have read the Summary of NCAA Regulations, or another outline or summary of NCAA legislation, or the relevant sections of the Division III Manual and that your director of athletics (or his or her designee) gave you the opportunity to ask questions about the regulations.
3. You affirm that you meet the NCAA regulations for student-athletes regarding eligibility, recruitment, financial aid, amateur status and involvement in organized gambling.
4. You affirm that you are aware of the NCAA drug-testing program and that you have signed the 2009-10 Drug-Testing Consent (Form 09-3f).
5. You affirm that you have reported to the director of athletics of your institution any violations of NCAA regulations involving you and your institution.
6. You affirm that you understand that if you sign this statement falsely or erroneously, you violate NCAA legislation regarding ethical conduct, and you will further jeopardize your eligibility.

Name (please print)	Date of birth	Age
Signature of student-athlete	Home address (Street or P.O. Box)	
Date	Home city, state, and zip code	
Sport(s) _____		

Part II: Buckley Amendment Consent.

1. By signing this part of the form, you certify that you agree to disclose your education records.
2. You understand that this entire form and the results of any NCAA-administered drug test you take are part of your education records. These records are protected by the Family Educational Rights and Privacy Act of 1974 and they may not be disclosed without your consent.
3. You give your consent to disclose only to authorized representatives of this institution, its athletics conference (if any) and the NCAA, the following documents:
 - a. This form;
 - b. Results of NCAA drug tests;
 - c. Results of positive drug tests administered by non-NCAA national and international athletics organizations;
 - d. Any transcript from your high school, this institution, or any junior college or any other four-year institutions you have attended;
 - e. Pre-college test scores, appropriately related information and correspondence (e.g., testing sites and dates and letters of test-score certification or appeal), and where applicable, information relating to eligibility for or conduct of nonstandard testing;
 - f. Graduation status;
 - g. Your social security number;
 - h. Race and gender identification;
 - i. Diagnosis of any education-impacting disabilities;
 - j. Accommodations provided or approved and other information related to any education-impacting disabilities in all secondary and postsecondary schools;
 - k. Records concerning your financial aid; and
 - l. Any other papers or information pertaining to your NCAA eligibility.

You agree to disclose these records only to determine your eligibility for intercollegiate athletics, your eligibility for athletically related financial aid, for evaluation of school and team success, for purposes of inclusion in summary institutional information reported to the NCAA (and which may be publicly released by it), for NCAA longitudinal research studies and for activities related to NCAA compliance reviews. You will not be identified by name by the NCAA in any such published or distributed information.

Further, you authorize the NCAA to disclose personally identifiable information from your educational records (including information regarding any NCAA violations in which you may become involved while you are a student-athlete) to a third party (including, but not limited to, the media) as necessary to correct inaccurate statements reported by the media or related to a student-athlete reinstatement case, infractions case or waiver request. You also agree that necessary case information (i.e., information from your student-athlete reinstatement case, infractions case or waivers requests) may be published or distributed to third parties as required by NCAA bylaws, policies, or procedures. You will not be identified by name by the NCAA in any such published or distributed information.

Date	Signature of student-athlete
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Part III: Promotion of NCAA Championships, Events, Activities or Programs.

You authorize the NCAA [or a third party acting on behalf of the NCAA (e.g., host institution, conference, local organizing committee) to use your name or picture to generally promote NCAA championships or other NCAA events, activities or programs.

Name (please print)

Signature of student-athlete

Date

Part IV: Results of Drug Tests.

1. Future positive test – all student-athletes sign

Should I test positive for a substance banned by the NCAA and/or by a non-NCAA national or international sports governing body; violate their drug-testing protocol; or fail to show for their drug test, at any time after I sign this statement, I acknowledge I must report the results to my director of athletics.

Name (Please Print)

Date

Signature of Student-Athlete

2. Positive test by NCAA or other sports governing body -- sign either A or B.

A. No positive drug test.

I affirm that I have never tested positive for a substance banned by the NCAA and/or by a non-NCAA national or international sports governing body; or violated their drug-testing protocol; or failed to show for their drug test.

Name (Please Print)

Signature of Student-Athlete

Date

OR

B. Positive drug test.

I have tested positive for a substance banned by the NCAA and/or by a non-NCAA national or international sports governing body; or violated their drug-testing protocol; or failed to show for their drug test. Should I consequently transfer, I am obligated to report this to the transferring institution.

Name _____

Signature _____

Date of test _____ Organization conducting test _____ Substance _____

Are you currently under such a drug-testing suspension?

Yes _____ No _____

What to do with this form: Sign and return it to your director of athletics before you first compete. This form is to be kept in the director of athletics' office for six years. Any questions regarding this form should be referred to your school's compliance office.



Drug-Testing Consent – NCAA Division III

Action: Sign and return to your director of athletics.
Due date: Before your institution's first competition.
Required by: NCAA Constitution 3.2.4.6 and NCAA Bylaws 14.1.4 and 30.5.
Purpose: To assist in certifying eligibility.

Requirement to sign Drug Testing Consent Form.

Name of your institution: The College at Brockport, State University of New York

You must sign this form prior to competition in intercollegiate athletics per NCAA Constitution 3.2.4.6 and Bylaws 14.1.4 and 30.5. If you have any questions, you should discuss them with your director of athletics.

Consent to Testing.

You agree to allow the NCAA to test you in relation to any participation by you in any NCAA championship or in any postseason football game certified by the NCAA for the banned drugs listed in Bylaw 31.2.3 (attached).

Consequences for a positive drug test

By signing this form, you affirm that you are aware of the NCAA drug-testing program, which provides:

1. A student-athlete who tests positive shall be withheld from competition in all sports for a minimum of 365 days from the drug test collection date and shall lose a year of eligibility;
2. A student-athlete who tests positive has an opportunity to appeal the positive drug test.;
3. A student-athlete who tests positive a second time for the use of any drug, other than a "street drug" shall lose all remaining regular-season and postseason eligibility in all sports. A combination of two positive tests involving street drugs (marijuana, THC or heroin) in whatever order, will result in the loss of an additional year of eligibility;
4. The penalty for missing a scheduled drug test is the same as the penalty for testing positive for the use of a banned drug other than a street drug; and
5. If a student-athlete immediately transfers to a non-NCAA institution while ineligible and competes in collegiate competition within the 365 day period at a non-NCAA institution, the student-athlete will be ineligible for all NCAA regular-season and postseason competition until the student-athlete does not compete in collegiate competition for a 365 day period.

