



WestConn Department of Intercollegiate Athletics

Athletic Training COVID -19 Protocols

2020

DAILY OPERATIONS

Athletic Training Facility

- **Daily Screening**

1. Health screens for all in-season (and non-traditional) student-athletes will be performed on a daily basis. Note: Specific screening instructions regarding practice are listed under the heading, **"COVID-19 Screening"**.

- **Observe social distancing** - Maintain 6 foot spacing between individuals

1. Spacing/limiting treatment tables (remove tables if needed)
2. Rehabilitation area (Encourage home exercise plans)
3. Signage throughout clinic.
4. In the taping area, a 6 foot spacing will be observed.

- **Athletic Training Room facilities and controlling traffic**

- 1 Schedule appointments with specific team athletic trainer
- 2 Using both Athletic Training Rooms on Westside campus to decrease the flow of traffic and wait periods.
- 3 Main Athletic Training Room in O'Neil and the WAC should have chairs spaced 6 feet apart for athletes waiting to be seen/taped.
- 4 When multiple athletic training staff available in the O'Neill Training Room, two separate taping areas will be setup when deemed necessary.
- 5 To reduce flow of traffic, therapy treatments will conclude 1 hour prior to practice.
- 6 Total number of student athletes in the Athletic Training facility will be maintained by allowing one athlete at each station and or using the 6 foot separation policy.
- 7 Prop open doors to Athletic training Rooms so there is limited hand contact on door knobs.

- **PPE Considerations**

- 1 **Athletes will wear face mask when entering the Athletic Training Rooms**
- 2 **In taping area, student athletes will wear a mask.**
- 3 **Athletic Training staff will wear a mask (i.e. N-95, KN-95, face shield) when operating in the Athletic Training facilities.**
- 4 The use of gloves when in direct contact with student athletes is recommended.
- 5 If gloves are not worn Athletic Training Staff will wash hands (or sanitize) before and after patient contact.
- 6 Disposable masks will be made available to student athletes who have forgotten their mask.

- **Sanitization/Cleaning of Equipment**

1. Hand sanitizers will be available at each facility.
2. Athletic Training staff should wear gloves or wash hands with soap and water after cleaning equipment.
3. Treatment and taping tables should be disinfected after each use.
4. Training equipment should be disinfected after each use.
5. All towels will be placed in the laundry basket after each use.
6. Hot pack covers will be placed in the laundry basket after each use.
7. Modalities should be disinfected after each use.

● Therapy Treatments

1. Student athletes and athletic training staff will wear a mask
2. Modalities should be disinfected after each use.
3. Student athletes receiving muscle stimulation will receive a set of their own pads.
4. Student athletes will schedule appointments with their team athletic trainer.
5. One student athlete per whirlpool.
6. Whirlpools, ice buckets and cold tubs should be disinfected after each use.
7. It is recommended that gloves be worn by Athletic Training Staff when performing therapeutic treatments.
8. Athletic Training Staff will wash hands with soap and water when in direct contact with student athletes.
9. When no soap and water is available after direct contact with student athletes, Athletic Training Staff will use hand sanitizer.

● Hydration Management (Practice)

1. Team water bottles will not be provided at any organized team practice.
2. Hydration stations should be set-up at the WAC turf field, lower soccer grass field, baseball and softball complexes.
3. **Student Athletes on all teams will be given individual water bottles to use.**
4. Athletic Training staff will provide tape for water bottles to be marked.
5. A limited number of single use cups will be made available if athletes have forgotten their personnel bottles.
6. All teams practicing outdoors should use the hydration stations.
7. If hydration stations are not available, water coolers will be set-up on all fields.
8. Disposal bins will accompany all water coolers.
9. Hand sanitizing wipes will be located next to water coolers. After each use of the water cooler, the student athlete will wipe down the release button and dispose of the wipe.
10. Teams practicing inside will use water coolers. (Ex. Volleyball, Basketball).
11. Water coolers and ice chests should be disinfected in-between any back to back practices.
12. Hand sanitizer will be located at all practice sites when hand cleaning with soap and water is not available.
13. Non-traditional team practice will follow the same guidelines. Coaches will secure all hydration equipment as needed along with hand sanitizer, disinfectant spray, medical kit and AED.

● Special considerations for at risk student athletes

1. Education – Meet with student athletes and coaches to discuss the various medical conditions that can increase the risk of illness.
2. Review student athlete medical history.

COVID-19 Screening

● Pre-Participation Forms

In addition to the medical history recorded prior to a pre-participation physical exam/screening, student athletes will be asked to complete the following:

1. Proof of COVID – 19 screening test – 14 days prior to returning to WestConn, student athletes living on campus are required to be tested. Test results of student athletes can be uploaded into their SportsWare File under the “Forms” tab and titled “COVID -19 Test”. Test results are to be uploaded by 8/20/20. WestConn Athletic Training Staff will send the hard copies to Health Service for review and filing.

● Daily Screening

1. Student Athlete:
 - There are two distinct parts to the screening process. Part one consists of a questionnaire that will be completed each day. This questionnaire is located in the student athletes SportsWare file under the COVID Tab. Key personnel will be notified if any athlete’s responses draw concern or the form has not been completed.
 - Part two is a daily temperature check. This will be accomplished automatically using a no-touch infrared computer screen upon entering either O’Neill or the WAC facilities. Athletes must be temperature checked prior to attending practice.

2. Daily COVID Screening Procedure: (Until further notice)
 - Student athletes will complete the SportsWare COVID questionnaire form prior to entering the facility. They will then walk thru the infrared computer screen for their temperature reading. After completing both tasks the student athlete will then hit the save button on the SportsWare questionnaire screen. **Note: Coaches will inform their student athletes when this procedure needs to be completed prior to the start of practice.**
 - I. If you answer “Yes” to any of the listed questions on the COVID form, return to your room (home). Isolate yourself and follow the COVID protocols for “Symptomatic Student Athlete”.
 - II. If you’re recorded temperature exceeds 100.4, return to your room (home). Isolate yourself and follow the COVID protocols for “Symptomatic Student Athlete”.
 - The Athletic Training Facility will open 90 minutes before practice begins. Daily pre-practice preparation will cease 15 minutes before the start of practice to clean and meet with coaches.
 - If the SportsWare COVID questionnaire has not been submitted within the specified time frame set-up by your coach, the student athlete will not be allowed to practice or be present at the practice site. Exception will be made to those coming to practice late due to scheduled classes.

Note: The first week of school all students will also complete a WestConn online COVID questionnaire. This form will be reviewed daily by the Health Service Department.

● **COVID -19 Symptomatic Student Athlete**

Any person with a fever (100.4 F) or answering “Yes” to questions on the SportsWare COVID form will not enter the facility. Student athletes will be instructed to return to their room (home) and follow the procedures listed below. Coaches and Support staff will notify their immediate supervisor (AD), Health Service and Human Resources.

At any time if the student athlete presents with the following symptoms, call 911: (trouble breathing, chest pressure, confusion, blue lips or face, inability to wake or stay awake, pre-existing risk factors).

1. **If located outside the facility:**
 - Return to the dorm room or home and self-isolate.
 - Contact the appropriate personal (Coach, Team Athletic Trainer).
 - Complete the Health Service Symptom Screening questionnaire (www.wcsu.edu/coronavirus) and someone will call you by the next morning.
 - If Health Service is closed and your symptoms worsen, call Urgent Care or your private physician for guidance.
2. **During practice:**
 - An Athletic Trainer will evaluate the student athlete and provide them with PPE.
 - Return to the dorm room or home and self-isolate.
 - Complete the Health Services Symptom Screening questionnaire (www.wcsu.edu/coronavirus) and someone will call you by the next morning.
 - If Health Service is closed and your symptoms worsen, call Urgent Care or your private physician for guidance.
3. **In your dorm room or at home:**
 - Self-isolate by staying at home or in your dorm room
 - Contact the appropriate personal (Coach, Team Athletic Trainer).
 - Complete the Health Service Symptom Screening questionnaire (www.wcsu.edu/coronavirus) and someone will call you by the next morning.
 - If Health Service is closed and your symptoms worsen, call Urgent Care or your private physician for guidance

● **Return to School/Sports**

1. Exposed and no symptoms
 - Quarantine for 14 days with no symptoms
 - Daily Health Service Telephone follow-up
2. No symptoms and positive COVID – 19 test
 - Isolate 10 days since positive test
 - Daily Health Service Telehealth/Telephone follow-up
 - Remain Symptom free
 - Cardiac Specialist clearance

3. Symptomatic and positive COVID-19 test

- Isolate at least 10 days since onset of symptoms
- 24 hours no fever without medication
- Improvement in symptoms
- Signed Physician clearance Form
- Cardiac Specialist Clearance
- Daily Health Service Telehealth follow-up

● PPE (Personal Protective Equipment)

Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to hazards that cause serious illnesses and/or injuries. Personal protective equipment may include items such as gloves, surgical masks, gowns and safety shields. Athletic Training staff, athletes, coaches and support staff should select appropriate PPE in accordance with State and local guidelines.

The National Athletic Trainers' Association Intercollegiate Council on Sports Medicine (ICSM) recommends athletic training facilities consider that the following PPE be available in the athletic training facility.

● Mask

1. Cloth face coverings are not considered PPE because their capability to protect healthcare personnel (HCP) is unknown. They are appropriate to use at this stage.
2. Although the N95 respirator is unnecessary for the athletic trainer in the traditional setting, it is optional.
3. Instruct athletes and any other athletic personal to put on their own cloth face covering, regardless of symptoms, before entering the facility.
4. Institutions should be aware that patients may not have access to cloth masks and may need to provide facemasks to patients before they have access to the athletic training facility

● Eye Protection: Defined as goggles or a face shield that covers both the front and side of the face and eyes.

1. Personal eye glasses and contact lens are not considered eye protection PPE
2. The ICSM does note eye protection as a possible PPE for the athletic trainer but the CDC recommends them only for those health care professionals working with COVID-19 positive cases
3. The athletic trainer does not need to don eye protection while performing regular athletic training duties unless they feel it is warranted.
4. Eye shield's should be made available in both the Athletic Training Facilities and the isolation areas if needed while caring for symptomatic COVID patients.

● Gloves

1. The use of non-sterile gloves is optional when working with the student athlete in close proximity. It is recommending if spending an extensive time period in close proximity.
2. Dispose of gloves after each use and sterilize hands.
3. Change gloves if they become torn.

● Isolation Gowns: Non-sterile gowns used to keep clothing from getting contaminated

1. The ICSM does note isolation gowns as a possible PPE for the athletic trainer.
2. It is recommended that the athletic trainer carry a minimal amount of isolation gowns in inventory but that they are not used in daily practice until the athletic trainer feels it is warranted.

● PPE packages: Should be stored in the athletic Training Rooms.

1. These packages will contain a face mask, eye shield, gloves and a gown.

● Sanitization/Disinfectant Considerations

2. Proper disinfection protocols will be in place all equipment and treatment surfaces. Ac
3. Gloves should be discarded after each cleaning.
4. EPA approved disinfectant will be utilized for cleaning.
5. Treatment tables and taping tables will be disinfected after each use.
6. Countertops, ice machines, modalities, and other high touch areas should be disinfected frequently.
7. Ice machines lids and scoop handles should be disinfected after each use.
8. Athletic Staff will limit personnel allowed to use the ice machine and restrict student athletes from using the ice machine for filling water bottles.
9. Rehab equipment should be disinfected after each use by the student-athlete. Disinfecting wipes or spray should be made available at multiple points throughout the Athletic training room.
10. Student athletes receiving muscle stimulation treatments will be given their own set of pads
11. Massage guns heads will be covered with a non-sterile glove or flexi-wrap.
12. Whirlpools will be emptied and disinfected after each use.
13. Hand sanitizer will be made available in multiple points throughout the athletic training facility.

● Pre-participation Group meetings: The Athletic Training Staff holds several meetings prior to the start of the athletic season.

1. ImPact Concussion Testing is performed in the computer lab and holds up to 20 people. If smaller groups are required, up to 10 student athletes can be testing on the third floor of O'Neill. Student athletes and staff will wear masks at these session. Keyboards will be wiped down with disinfectant after each use. Larger groups will be controlled by coaches
2. SCAT5 Concussion test will be performed in the WAC using well-spaced out testing stations. Smaller groups will use the O'Neil Center third floor meeting rooms. Individual testing can also be performed by appointment with a staff athletic trainer. Staff and athletes will wear a mask.
3. Masks will be worn by student athletes and athletic trainers during the Pre-season team medical talk.

● COVID Insurance Policy:

All student athletes must review their primary insurance policy. The policy will need to state that it covers any illness caused by COVID -19.

● COVID – 19 Education

Introduction

It is important to educate throughout all phases of return to sport. It is also imperative to note that these are unprecedented times and daily new research and data are being collected.

Section 1: Who to Educate

- Coaching staff
- Athletic Director(s)
- Student Workers
- Equipment personnel
- Student Athletes
 - Provide education on new policies & procedures, screening, and proper communication when reporting illnesses.

Section 2: Recommended Educational Content (Content may change based on current status)

A. COVID-19 OUTLINE: STUDENT-ATHLETES

Definition:

- Coronavirus are a larger family of viruses common in both people and animal, most common CV's cause the common cold.
- COVID 19 is caused by a virus that has been named SAR-COV-2, it is in the same family as SARS and MERS.
- It is a respiratory diseases that emerged in 2019. It effects both the upper and lower respiratory tract.
- It is a virus which means there is presently no medication to cure COVID-19. Current medication is used only to treat symptom

COVID – 19 Signs/Symptoms: This list does not represent all signs/symptoms and can change.

- | | |
|--|--|
| • Fever | Chills |
| • Fatigue | Cough |
| • Shortness of Breath | Body/Muscle aches |
| • Sore Throat | Headaches |
| • Loss of Taste | Loss of Smell |
| • Nausea | Vomiting |
| • Diarrhea | Runny Nose/Congestion |
| • Temp 100.4 > | New Rash |
| • High Risk Exposure settings | Pain redness, swelling or rash on toes/fingers |
| • COVID -19 can mimic allergies, asthma or the flu. Make sure your SW Hx is current | |

COVID – 19 Signs/Symptoms: If the following symptoms are present, seek medical attention immediately. Call 911.

- **Trouble breathing**
- **Chest pain**
- **Confusion**
- **Inability to wake or stay awake**
- **Blue lips or face**

At Risk Individuals: If you are diagnosed with COVID – 19 and have any of the following medical conditions, you may be at risk for severe illness. The CDC places potential risks into two columns. The first list represent conditions that put people in an increased risk of serious illness. List two represent conditions that might put people in an increased risk of serious illness.

List One:

- Chronic Kidney disease
- COPD
- Serious Heart Conditions (coronary artery disease, congenital disease, heart failure, cardiomyopathies)
- Immunocompromised Individuals (Weakened immune system) solid organ transplant
- Obesity (BMI 30 or over)
- Type II Diabetes
- Chronic kidney Disease Mellitus
- Sickle Cell Disease

List Two:

- Asthma (moderate – severe)
- Cerebrovascular Disease
- Cystic Fibrosis
- Liver Disease
- Hypertension/High B/P
- Immunocompromised state – bone marrow transplant, immune deficiencies (HIV, corticosteroids or other immune medicines)
- Pregnancy
- Type 1 diabetes
- Neurological Conditions such as dementia
- Pulmonary fibrosis
- Smoking
- Thalassmia (blood disorder)

COVID-19 Complications: COVID -19 can cause complications that effect multiple body system

- Acute Respiratory failure
- Acute Respiratory Distress Syndrome
- Viral Pneumonia
- Acute Kidney Injury
- Acute Liver Injury
- Secondary Viral and Bacterial Infection
- Abnormal Blood Clots – Pulmonary clots/stroke

COVID – 19 Transmission:

- Between people in close contact with one another
- Respiratory droplets produced when an infected person talks, coughs or sneezes
- Droplets can land in the mouth, nose or inhaled into the lungs
- COVID 19 can be spread by individuals who are not showing symptoms
- By touching an object or surface that the virus is on than touching eyes, mouth or nose
- The amount of time an object can live on a surface or object can vary
 1. 72 hours on plastic and stainless steel
 2. Less than 4 hours on copper
 3. Less than 24 hours on cardboard

COVID – 19 Prevention: These rules are subject to changed based on the Phase we are in.

- Avoid large events and mass gatherings (i.e. social gatherings)
- Avoid close contact (6ft)
- Wash hands frequently with soap and water for 20 seconds
- Use alcohol based sanitizers made of at least 60% alcohol
- Avoid touching your mouth, eyes and nose
- Avoid sharing personal items (water Btl's, towels etc)
- Clean and disinfect high touch surfaces as needed
- Avoid using hand rails and common push open doors
- **Avoid going to school, work, practice, meetings or gatherings when sick**
- Wear your face mask and do so correctly. Pinch nose and cover mouth

Myth Buster:

- Currently there are no drugs Licensed for treatment or prevention
- Adding pepper to your meal will not prevent or cure COVID-19
- COVID-19 is not transmitted through house flies or mosquitos
- Spraying and introducing bleach or other disinfectant into the body will not protect against COVID – 19 and is harmful
- Drinking methanol, ethanol, or bleach does not prevent or cure COVID – 19
- Cold weather and snow cannot kill the new coronavirus
- Heat temperature or humid environment does not prevent the spread of COVID – 19

COVID – 19 Treatment:

- Follow protocols established by the Athletic Department. See the COVID – 19 screening section in the Athletic training COVID -19 Protocols.
- Refer to the Health Service Departments Flow Chart regarding COVID - 19.

Personal Responsibility:

- Follow rules/restrictions of the Athletic Department and Athletic Training at all times
- Be honest about how you feel and who you have been in contact with
- Notify the Athletic Training Staff and Coaching Staff about any illness or exposure.
- Wash your hands often, or use hand sanitizer.
- Wipe down touch areas that you commonly come in contact with
- Stay at home and away from teammates if you do not feel well

Fluidity:

- Remember that COVID – 19 is an illness caused by a coronavirus. New information is constantly emerging and guidelines will change. Because of that education is ongoing.
- We all need to stay up to date and work together as everyone works to create a safe environment. Speak to your Coach, Athletic Trainer or Health Service professional.

Questions or Concerns, contact the following:

- Lori Mazza (Athletic Director)
- Mark Allen (Head Athletic Trainer)
- Patrick Hull (Athletic Trainer)
- Pete Algarin (Athletic Trainer)
- Gillian Grahame (Athletic Trainer)
- Nancy Haensch (Health Service Nurse Practitioner)
- COVID NCAA Hotline – 833-661-2819

MA/LM/ PA/PH/GG/LM 8/17/20



COVID-19 PERSONAL RESPONSIBILITY STATEMENT

I, _____, presently a student at Western Connecticut State University, plan to participate in varsity athletics during the 2020-21 academic year. I understand that, as a condition of such participation, I am being asked to sign this COVID-19 Personal Responsibility Statement and that my doing so is an act of my free will.

By signing this document, I acknowledge understanding of all risks associated with participating in a sport during the COVID-19 pandemic and acknowledge my responsibility to minimize those risks in the following ways:

- Be aware of all CDC information regarding COVID-19, including possible symptoms. Information can be found at: https://www.cdc.gov/coronavirus/2019-ncov/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Findex.html
- Abstain from any events where large crowds would gather and social distancing is not possible
- Practice frequent handwashing followed by an alcohol-based gel/foam hand sanitizer such as Purell
- Follow all university protocols and guidelines, including any signage related to distancing and building traffic
- Per university guidelines, wear a mask when in buildings/classrooms, cannot appropriately distance (six feet), and when not partaking in an athletic activity (i.e. on the sideline)
- Complete the athletics screening questionnaire honestly on a daily basis. Failure to answer honestly will put the university community at risk and will be grounds for dismissal from athletics.
- DO NOT attend your team activity if you are feeling sick, if you exhibit two or more COVID-19 symptoms, or if you have a fever of at least 101.3. If you are exhibiting signs of COVID-19, please follow applicable athletic training protocol.
- When it is time for my Covid test (provided by the university), I will get tested. Should I miss the test, I understand it will be considered a positive test and will be removed from team activities for two weeks.
- You must immediately isolate and notify the university if you:
 - Have come into contact with someone who tested positive for COVID-19
 - Are experiencing symptoms of COVID-19/believe you may have COVID-19
 - Have traveled from a state on the hot spot list ([info here](#))

I assume personal responsibility for following the above guidelines so that I and others may have a safe and positive experience participating in athletics.

I have read the foregoing and fully understand its contents. I understand that I am subject to disciplinary action within the Department of Athletics if I fail to uphold my responsibilities, including but not limited to dismissal from my team.

Name of Student

Parent or Guardian (only for minors)

Student's Signature

Parent/Guardian Signature

Date

Date



For: Student-athletes.
Action: Sign and return to your director of athletics.
Due date: Before your first competition each year.
Required by: NCAA Constitution 3.2.4.5 and NCAA Division III Bylaw 14.1.3.
Purpose: To assist in certifying eligibility.
Effective Date: The effectiveness of this NCAA Division III Student-Athlete Statement shall begin on the date of your signature and, unless terminated earlier in accordance with Part IX below, will continue until the earlier of your signature of a subsequent NCAA Student-Athlete Statement and your final date of participation in NCAA collegiate athletics.

Student-Athlete's Full Name (Print): _____

Home address (street or P.O. Box) _____ Home city, state, and zip code _____

Date of birth _____ Current age in years _____

Institution attending in academic year 2020-21 _____

Sport(s) _____

If different than above, institution attended in academic year 2019-2020 _____

Division III Bylaw 14.1.3.a provides that, before participation in intercollegiate competition each academic year, a student-athlete shall sign a statement in a form prescribed by the Management Council in which the student athlete submits information related to eligibility, recruitment, financial aid, amateur status, previous positive drug tests administered by any other athletics organization and involvement in organized gambling activities related to intercollegiate and professional athletics competition under the Association's governing legislation. This is the annual form prescribed by the Management Council and it includes the following ten parts:

- I. General Statement Concerning Eligibility
- II. FERPA/HIPAA Consent
- III. Amateurism
- IV. Drug Tests
- V. Sports Wagering
- VI. Academic Eligibility Information (Freshman Only)
- VII. Other Prior Violations
- VIII. Information Pertaining to Future Transfer
- IX. Termination/Survivability of Student-Athlete Statement
- X. Student-Athlete Signature

Bylaw 14.1.3.1 provides that a failure to complete and sign the annual eligibility statement shall result in the student-athlete's ineligibility for participation in all intercollegiate competition. Accordingly, you must legibly complete the information above and sign all parts below in order to be eligible to participate in intercollegiate competition.

Before you sign this form, you should read the eligibility provisions of the NCAA Division III Manual or the Summary of NCAA Regulations, or another similar outline or summary of NCAA regulations, in each case in the form provided to you by your director of athletics. You are responsible for knowing and understanding the application of all NCAA Division III regulations related to 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 regulations of the Division III Manual: NCAA Bylaws 10 (Ethical Conduct), 12 (Amateurism), 13 (Recruiting), 14 (Eligibility), 15 (Financial Aid), 16 (Awards, Benefits, Expenses), 18.4 (Championship Eligibility) and 31.2.3 (Banned Substances).

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

PART I: GENERAL STATEMENT CONCERNING ELIGIBILITY.

I affirm the following:

- My current institution identified above has provided me with a copy of the Summary of NCAA Regulations, or another similar outline or summary of the eligibility regulations of the Division III Manual, and my director of athletics (or his or her designee) provided me with an opportunity to ask questions about those materials.
- I have knowledge of and understand the application of the Division III regulations as they relate to my eligibility to participate in intercollegiate athletics.
- To the best of my knowledge, I meet the eligibility requirements to participate as a student-athlete in NCAA Division III collegiate athletics including those related to ethical conduct, amateurism, recruiting, eligibility, financial aid, awards and benefits, banned substances and sports wagering, in each case as those requirements are described in the Division III manual sections identified above.
- I understand that if I sign this statement falsely or erroneously it will result in a violation of NCAA regulations regarding ethical conduct which will jeopardize my eligibility to participate in intercollegiate athletics.

PART II: FERPA/HIPAA CONSENT.

1. Required FERPA Consent – Institutional Education Record Disclosure for Eligibility Purposes.

I understand that education records are protected by the Family Educational Rights and Privacy Act of 1974 as the same may be amended from time to time (FERPA) and may not be disclosed without my consent. I agree that my current institution identified above may disclose this form, the other education records information described in items (a)-(k) below, and any other documents or information related thereto, to its conference (if any), the NCAA, and their respective authorized agents solely for the purpose of permitting those authorized recipients to evaluate, determine and/or confirm my eligibility for any aspect of participation in NCAA intercollegiate athletics and related programs:

- Results of drug tests administered by the NCAA, its authorized agents or my current institution identified above, and related information and correspondence including, without limitation, the information provided in Part IV below;
- Results of drug tests administered by a non-NCAA national and international sports governing body including, without limitation, the information provided in Part IV below;
- Any transcript from your high school, the identified institution, or any junior college or any other four-year institution you have attended;
- 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;
- Graduation status;
- Your social security number and/or student identification number;
- Race and gender identification;
- Diagnosis of any education-impacting disabilities;
- Accommodations provided or approved and other information related to any education-impacting disabilities in all secondary and postsecondary schools;

- j. Records concerning your financial aid; and
- k. Any other materials or information disclosed by you or otherwise received pertaining to your NCAA eligibility.

2. Required HIPAA Consent – Institutional Health Care Disclosure for Eligibility Purposes.

I understand that certain of my health-related information is protected by the Health Insurance Portability and Accountability Act of 1996 as the same may be amended from time to time (HIPAA) and may not be disclosed without my consent. I agree that my current institution identified above, and any of its physicians, athletic trainers and other agents, as well as any health care organizations and medical personnel that may be working with it or providing services on its behalf, may disclose my Protected Health Information, as that term is defined in 45 C.F.R. § 160.103, to the NCAA and its authorized agents and representatives to the extent such information pertains to my participation in collegiate athletics including, without limitation, any information regarding any injury, illness or any diagnosis, or any treatment or management of any injury or illness, related to or affecting my training for and participation in intercollegiate athletics, for the sole purpose of evaluating, determining and/or confirming my eligibility for any aspect of participation in NCAA intercollegiate athletics and related programs.

3. Voluntary FERPA/HIPAA Consent (Check One/Both of the First Two Boxes OR the Third Box Below).

- ☐ **Optional Disclosure for Awards and Recognition Purposes.** In addition to my FERPA/HIPAA consents to disclosure above which are required for eligibility purposes, and which are limited in scope to purposes related to my eligibility for participation in collegiate athletics, I agree that my current institution identified above may disclose the education records information described in items 1(a)-(k) above and any other documents or information related thereto, to its conference (if any), the NCAA, and their respective authorized agents solely for the purpose of permitting those authorized recipients to evaluate, determine and/or confirm evidence that may support certain conference and/or NCAA awards and other recognition.
- ☐ **Optional Disclosure for Research Purposes.** In addition to my FERPA/HIPAA consents to disclosure above which are required for eligibility purposes, and which are limited in scope to purposes related to my eligibility for participation in collegiate athletics, I agree that my current institution identified above and any of its physicians, athletic trainers and other agents, as well as any health care organizations and medical personnel that may be working with it or providing services on its behalf, may disclose my injury/illness and participation information associated with my training and participation in intercollegiate athletics to the NCAA and to its Injury Surveillance Program (ISP), agents and employees for the sole purpose of conducting research into the reduction of athletics injuries.

OR

- ☐ **No Additional Consent to Disclosure.** I do not consent to any disclosure other than for the purposes described in Sections 1 and 2 above. I understand that no additional consent is required for purposes of maintaining my eligibility or for receipt of or payment for institutional medical treatment, or enrollment in or receipt of benefits under any institutional health or benefit plan, as the same may be applicable.

4. Institutional Disclosure of Deidentified Information. I understand and agree that, while not subject to FERPA or HIPAA, certain portions of my education record data and information may be disclosed by my current institution identified above on a deidentified basis to the NCAA in connection with, among other things, longitudinal research studies and compliance activities.

5. Subsequent NCAA Disclosure.

I acknowledge and understand that the NCAA may further disclose the information that it properly receives pursuant to the consents set forth in this Part II including, among other things, information regarding any NCAA reinstatement, infractions or waiver matter in which I may become involved while I am a student-athlete, to the media, its committee members or any other third party: (a) for the purpose of evaluating, determining and/or confirming my eligibility for any aspect of participation in NCAA intercollegiate athletics and related programs; (b) to confirm, or correct any inaccuracy in, any statement reported publicly and related to any such matter; (c) with respect to any information it receives pursuant to Section 3 above, to recognize my selection for an NCAA-administered award (e.g., Elite 90); (d) without identifying me by name, to the extent required by NCAA regulations, policies or procedures; or (e) as may otherwise be required by law.

PART III: AMATEURISM.

1. Future Violations.

I affirm that I have read and understand the NCAA amateurism rules and I agree that I will promptly report to the director of athletics of my current institution identified above any violation of any such rule that occurs at any time after I sign this statement and while I am a student-athlete at the identified institution.

2. Historical Violations (Check One Box Below).

- ☐ **No violation.** I affirm that to the best of my knowledge I have not violated any NCAA amateurism rules; and have not provided false or misleading information concerning my amateur status to the NCAA or my current institution identified above or any person working for or on behalf of those organizations.

OR

- ☐ **Prior Violation.** I am disclosing that I have violated one or more NCAA amateurism rules and/or have provided false or misleading information concerning my amateur status to the NCAA or my current institution identified above or one or more persons working for or on behalf of those organizations and I have reported or will promptly report the details related to such violation(s) to the director of athletics at my current institution identified above including, along with any other related information requested by the institution, the date(s) and nature of those violation(s) and the identity of those organizations and individuals who were involved.

PART IV: DRUG TESTS.

1. Future Positive Drug Test Results.

I am aware of the NCAA drug-testing program. I have read and understand the related eligibility requirements and restrictions and I have signed the 2020-21 Drug-Testing Consent Form (Form 20-3f). I agree that I will report my results and/or actions to the director of athletics of my current institution identified above in the event that I, at any time after I sign this statement and while I am a student-athlete at the identified institution: (a) test positive as part of any drug test administered by the NCAA, my current institution identified above or any of their respective authorized agents or representatives, and/or by or at the direction of any non-NCAA athletics organization or national or international athletics governing body; or (b) fail to appear for any scheduled drug test, or otherwise violate the drug-testing protocol, of any of these parties.

2. Historical Drug Test Results (Check One Box Below).

- ☐ **No positive drug test.** I affirm that I have never: (a) tested positive as part of any drug test administered by the NCAA, my current institution identified above or any of their respective authorized agents or representatives, or by or at the direction of any non-NCAA athletics organization or national or international athletics governing body; or (b) failed to appear for a scheduled drug test, or otherwise violated the drug-testing protocol, of any of these parties.

OR

- ☐ **Positive drug test.** I am disclosing that I have: (a) tested positive as part of a drug test administered by the NCAA, my current institution identified above or any of their respective authorized agents or representatives, and/or by or at the direction of any non-NCAA athletics organization or national or international athletics governing body; and/or (b) failed to appear for a scheduled drug test, or otherwise violated the drug-testing protocol, of one or more of these parties. I have reported or will promptly report the details of the testing and results of my current institution identified above including, along with any other related information requested by the institution:

- The date(s) of such test(s)
- The testing institution(s)/organization(s)
- The substance(s) detected
- The details and finding(s) of any retest(s) or appeal(s)
- The start and end date(s) and current status of any resulting suspension

PART V: SPORTS WAGERING.

1. Future Sports Wagering Activity.

I affirm that I have read and understand the NCAA sports wagering rules and I agree that if I violate the sports wagering rules of the NCAA and/or any non-NCAA national or international athletics governing body at any time after I sign this statement while I am still a student-athlete at my current institution identified above I will promptly report this information to the director of athletics at the identified institution.

2. Historical Sports Wagering Suspension (**Check One Box Below**).

- ☐ **No Sports Wagering-Related Suspension.** I affirm that I have never been subject to any suspension related to a violation of any NCAA and/or non-NCAA national or international athletics governing body sports wagering rule.

OR

- ☐ **Sports Wagering-Related Suspension.** I have been subject to a suspension related to a violation of NCAA and/or a non-NCAA national or international athletics governing body sports wagering rules and I have reported or will promptly report details of the testing and results of my current institution identified above including, along with any other related information requested by the institution:
- the suspending institution(s)/organization(s)
 - the sport(s) wagered on and date(s)/location(s) of wagering activity
 - the details and finding(s) of any appeal(s)
 - the start and end date(s) and current status of such suspension(s)

PART VI: ACADEMIC ELIGIBILITY INFORMATION (**Freshman Only**).

I affirm that, to the best of my knowledge, all information provided to my current institution identified above by me or on my behalf and related to my academic eligibility including, without limitation, information pertaining to test scores, high school attendance, completion of coursework and high school grades, is complete, valid and accurate.

PART VII: OTHER PRIOR VIOLATIONS (**Check One Box Below**).

- ☐ Other than any violations that I have disclosed above in this form, or in a previous Student-Athlete Annual Statement form that I signed and delivered to my current institution identified above in a prior academic year, **I am not aware** that I have been involved at any time in any NCAA violations.

OR

- ☐ In addition any NCAA violations that I have disclosed above in this form, or in a previous Student-Athlete Annual Statement form that I signed and delivered to my current institution identified above in a prior academic year, **I am aware** that I have been involved with one or more **other** NCAA violations and I have reported or will promptly report the details related to such violation(s) to my current institution identified above including, along with any other related information requested by the institution:
- the date(s) and nature of those violation(s)
 - copies of any communications or other documents or materials related to the violation(s)
 - the start and end date(s) and current status of any related NCAA or institutional investigation
 - the effective date and details pertaining to any resulting NCAA or institutional suspension or other penalty

PART VIII: INFORMATION PERTAINING TO FUTURE TRANSFER.

I consent and agree to disclose to authorized representatives of my current institution identified above any documents or information pertaining to my NCAA transfer eligibility and to allow authorized representative(s) of that institution to disclose my transfer status, the information in this form and any other information that may be part of my education records pertaining to my NCAA transfer eligibility to its conference (if any), the NCAA, other NCAA member institutions and their respective authorized agents for the purposes of facilitating any future transfer that I may pursue.

PART IX: TERMINATION/SURVIVABILITY OF STUDENT-ATHLETE STATEMENT.

I understand that I may for any or no reason, by providing written notice of the same to the director of athletics at my current institution identified above, voluntarily terminate the effectiveness of this Student-Athlete Statement and, relatedly, all of the agreements, consents and other representations contained in this form, with the understanding that any termination under this Part IX will automatically and simultaneously terminate my eligibility to participate in NCAA collegiate athletics. Any termination attempted under this Part IX will be effective upon the receipt of the required notice by the identified institution's director of athletics.

NOTE: Notwithstanding anything to the contrary in this Statement, I agree that my consents and other representations described in Sections 1, 2 and 5 of Part II above will, solely for the purposes described in those Sections, survive and remain effective even after any termination or expiration of this this Statement.

PART X: STUDENT-ATHLETE SIGNATURE.

I agree that I have had an adequate opportunity to read the entire content of this Student-Athlete Statement and to discuss the same and any questions I have with my director of athletics and other/or other advisors and my signature below reflects my understanding of and agreement with the same.

Signature of student-athlete

Date

Signature of parent or legal guardian (if student-athlete is a minor)

Date

What to do with this form: Sign and return it to your director of athletics (or his or her designee) before your first competition. 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 director of athletics or your institution's NCAA compliance staff or you may contact the NCAA directly at 317-917-6222.

Form 20-3f
Academic Year 2020-21

Drug-Testing Consent – NCAA Division III



For: Student-athletes.
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 Division III Bylaw 14.1.4.
Purpose: To assist in certifying eligibility.
Effective date: This consent form shall be effective from the date this document is signed and shall remain effective until a subsequent Drug-Testing Consent Form is executed.

Requirement to Sign Drug-Testing Consent Form.

Name of student-athlete: _____ Sport(s): _____

You must sign this form prior to competition in intercollegiate athletics per Constitution 3.2.4.6 and Bylaw 14.1.4. 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 and in any postseason football game for drugs in the banned drug classes listed in Bylaw 31.2.3.1 (see attached). Examples of drugs in each class can be found at www.ncaa.org/drugtesting. Note: There is no complete list of banned substances. Check Drug Free Sport AXIS at 877-202-0769 or www.dfsaxis.com (Organization: NCAA Division III; password: ncaa3) for questions about supplements, medications and banned drugs.

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 for an NCAA banned drug will be declared ineligible (unless a medical exception is granted);
2. A student-athlete who tests positive for the use of a substance in a banned drug class other than cannabinoids and narcotics shall be withheld from competition in all sports for 365 days from the drug-test collection date and shall lose a year of eligibility. A student-athlete who tests positive for the use of a substance in the banned drug classes cannabinoids or narcotics shall be immediately declared ineligible and be withheld from competition for the next 50 percent of a season in all sports (50 percent of all contests or dates of competition in the season following the positive test);
3. A student-athlete who tests positive has an opportunity to appeal the sanction;
4. A student-athlete who tests positive a second time for the use of any substance in a banned drug class other than cannabinoids and narcotics shall lose all remaining regular season and postseason eligibility in all sports. A student-athlete who tests positive a second time for the use of a substance in the drug classes cannabinoids or narcotics shall be withheld from competition for 365 days from the date of the test and shall lose a year of eligibility. A student-athlete who tests positive for the use of a substance in the drug classes cannabinoids and narcotics for the first time after having tested positive for the use of any substance in a banned drug other than cannabinoids and narcotics shall be ineligible for competition for 50 percent of a season in all sports (the first 50 percent of regular season contests or dates of competition in the season following the positive test);
5. The penalty for missing a scheduled drug test is the same as the penalty for testing positive for the use of a substance in a banned drug class other than cannabinoids and narcotics;
6. A student-athlete who is found to have tampered with an NCAA drug test sample shall be charged with the loss of a minimum of two seasons of competition in all sports and shall remain ineligible for all regular season and postseason competition during the time period ending two calendar years (i.e., 730 days) from the date of the test; and
7. If a student-athlete transfers to a non-NCAA institution while ineligible because of a positive NCAA drug test and competes in collegiate competition within the prescribed penalty 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 the entirety of the prescribed penalty.

Signatures.

By signing below, I consent:

1. To be tested by the NCAA in accordance with NCAA drug-testing policy, which provides among other things that:
 - a. I will be notified of selection to be tested;
 - b. I must appear for NCAA testing or be sanctioned for a positive drug test; and
 - c. My urine sample collection will be observed by a person of my same gender;
2. To accept the consequences of a positive drug test or a breach of drug testing protocol;
3. To allow my drug test sample to be used by the NCAA drug testing laboratories for research purposes to improve drug testing detection; and
4. To allow disclosure of my drug testing results only for purposes related to eligibility for participation in NCAA competition.

I understand that if I sign this statement falsely or erroneously, I violate NCAA legislation on ethical conduct and will jeopardize my eligibility.

Date

Signature of student-athlete

Date

Signature of parent (if student-athlete is a minor)

Name (please print)

Date of birth

Age

Home address (street, city, state and zip code)

What to do with this form: Sign and return it to your director of athletics before your institution's first competition. This form is to be kept at the institution for **six years**.

2020-21 NCAA Banned Substances

NCAA Division I Bylaw 12 and NCAA Divisions II and III Bylaw 14 require that schools provide drug education to all student-athletes. The athletics director or athletics director's designee shall disseminate the list of banned-drug classes to all student-athletes and educate them about products that might contain banned drugs. All student-athletes are to be notified the list may change during the academic year and that updates may be found on the NCAA website (ncaa.org); and informed of the appropriate athletics department procedures for disseminating updates to the list. It is the student-athlete's responsibility to check with the appropriate or designated athletics staff before using any substance.

The NCAA bans the following drug classes:

1. Stimulants.
2. Anabolic agents.
3. Alcohol and beta blockers (banned for rifle only).
4. Diuretics and masking agents.
5. Narcotics.
6. Cannabinoids.
7. Peptide hormones, growth factors, related substances and mimetics.
8. Hormone and metabolic modulators.
9. Beta-2 agonists.

Note: Any substance chemically/pharmacologically related to all classes listed above and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g., drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is also banned. The institution and the student-athlete shall be held accountable for all drugs within the banned-drug class regardless of whether they have been specifically identified. Examples of substances under each class can be found at ncaa.org/drugtesting. There is no complete list of banned substances.

Substances and Methods Subject to Restrictions:

1. Blood and gene doping.
2. Local anesthetics (permitted under some conditions).
3. Manipulation of urine samples.
4. Beta-2 agonists (permitted only by inhalation with prescription).

Tampering of urine samples.



Athletic Department Injury Acknowledgement Form

I accept the responsibility for reporting all injuries and illnesses to the Athletic Training Staff. This includes any and ALL symptoms pertaining to Covid-19. I will submit honestly my daily report of symptoms prior to any athletic activity and will comply with the University and athletic covid-19 testing protocol. This also includes any signs and symptoms associated with a concussion. Prior to signing this form, I was presented with educational material on concussions. (available in separate PDF attachment)

Equipment and Uniform Agreement Form

By signing this form, I acknowledge that I **have received and agree to return** any given equipment back to WestConn's Equipment Room immediately after the season is over, or immediately after your departure from the team. There shall not be an instance where the equipment is not returned under any circumstances. Since I have been given a piece of equipment, I must be the one to return it. I **WILL NOT** give it to your friend to return. It is my responsibility.

The WestConn equipment manager will keep track of all equipment disbursed. If not returned, I will be responsible for the replacement cost of the item(s). Until then, there will be a hold on my account until the equipment is returned or paid for, in full, to the university.

Print Name: _____

Signature: _____

Date: _____



ELIGIBILITY DATA SHEET
PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS COMPLETELY

Last Name: _____ First Name: _____

WCSU Student ID #: _____ Date of Birth: ____/____/____
Month DAY YEAR

Sport(s): _____ Class at WCSU: Sr. ____ Jr. ____ Soph. ____ Fr. ____

Cell Phone: _____ Home Phone: _____

Address on Campus: Dorm _____ Room No. _____

Permanent Home Address: _____
STREET CITY STATE ZIP

****IF PARENTS HAVE DIFFERENT RESIDENCES, PLEASE FILL OUT MOTHER'S AND FATHER'S INFO COMPLETELY****

Mother's Name: _____ Mother's Phone #: _____

Mother's Home Address: _____
STREET CITY STATE ZIP

Father's Name: _____ Father's Phone #: _____

Father's Home Address: _____
STREET CITY STATE ZIP

Student Athlete Graduated From (Name of High School): _____

Location of High School: _____ Year of Graduation: _____

COLLEGE TRANSFER INFORMATION

Including this College, I Have Enrolled Full-Time in the Following College(s) Since High School Graduation:

Name of Institution: _____

City: _____ State: _____ Dates Attended: _____

Name of Institution: _____

City: _____ State: _____ Dates Attended: _____

Did you earn an Associates Degree? Yes _____ No _____

SEASONS OF COMPETITION

Below Is a List of my Participation in this Sport on the College Level

# of Seasons of Competition	Name of College(s)	Dates Attended: Month & Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

This is a complete and accurate report of my participation in college athletics. I believe I am eligible under NCAA post season rules. I understand that giving false information will prevent me from participating in athletics within NCAA and will probably result in my own college forfeiting all games in which I have played.

Student-Athlete's Signature: _____ Date: _____

Athletics Hazing/ Social Media/ Promotion Compliance Form For 2020-21

Student Athletes must file this form with the Associate AD each year to certify compliance with this policy. The preceding document remains in effect until a new one is filed.

Western Connecticut State University statement on hazing from the Student Code of Conduct

Hazing, which is defined as an act which endangers the mental or physical health or safety of a Student, or which destroys, damages, or removes public or private property for the purpose of initiation or admission into, affiliation with or as a condition for continued membership in a group or organization. The express or implied consent of the victim will not be a defense to an allegation of hazing. Consenting to the activity by remaining silent or not objecting in the presence of hazing is not a neutral act and is also a violation of the Student Code.

“Institution” means the University or College within CSU.

“University” means any of the following institutions: Central Connecticut State University, Eastern Connecticut State University, Southern Connecticut State University, and Western Connecticut State University, whichever the alleged violation of the Code occurred.

Any complaint of hazing will be filed with the Office of Judicial Affairs located in the Middtown Student Center, suite 220. The disciplinary procedures followed are from the Student Code of Conduct. This can be located at <http://www.wcsu.edu/stuaffairs/judicialoffice.asp>

WESTCONN DEPARTMENT OF ATHLETICS POLICY ON STUDENT-ATHLETE SOCIAL NETWORKING AND MEDIA USE

The WestConn Department of Athletics recognizes and supports its student-athletes' rights to freedom of speech, expression, and association, including the use of online social networks. In this context, however, each student-athlete must remember that playing and competing for Western Connecticut State University is a privilege, not a right. As a student-athlete, you represent the University and you are expected to portray yourself, your team, and the University in a positive manner at all times. Any online postings must therefore be consistent with federal and State laws, and team, Department, University, and NCAA rules, regulations and policies including the Guidelines listed below.

Guidelines

If you participate on a social networking site or use social media, you must keep the following guidance in mind:

- Everything you post is public information—any text or photo placed online is completely out of your control the moment it is placed online—even if you limit access to your site. Information (including pictures, videos, comments, and posters) may be accessible even after you remove it.
- Use caution when adding someone or inviting someone to be a friend. Many individuals are looking to take advantage of students-athletes, to get close to student-athletes to give themselves a sense of membership, or to gain information about you, your teammates, or your team for the purposes of negative publicity.
- Limit information about your whereabouts or plans to minimize the potential of being stalked, assaulted, or the victim of other criminal activity.
- What you post may affect your future. Many employers and graduate school admissions officers review social networking sites as part of their overall evaluation of an applicant. Carefully consider how you want people to perceive you before you give them a chance to misinterpret your information (including pictures, videos, comments, and posters).
- Does it Pass the Publicity Test- If the content of your message would not be acceptable for face-to-face conversation, over the telephone, or in another medium, it will not be acceptable for a social networking site. Ask yourself, would I want to see this published in the newspaper or posted on a billboard tomorrow or ten years from now?
- THINK TWICE POST ONCE!!!! I would urge all student-athletes to wait to post anything after a game for at least 24 hours.
- Similar to comments made in person, the Department of Athletics will not tolerate disrespectful comments and behavior online, such as:
 - Derogatory or defamatory language;
 - Comments that create a serious danger to the safety of another person or that constitute a credible threat of serious physical or emotional injury to another person;
 - Comments or photos that describe or depict unlawful assault, abuse, hazing, harassment, or discrimination; selling, possessing, or using controlled substances; or any other illegal or prohibited conduct, including violating the University's Policy on Prohibited Harassment and Discrimination

In addition to reviewing postings according to the Guidelines identified above, the department may also evaluate postings for information that could indicate a potential violation of NCAA regulations. Any concerns about a student-athlete's posting or other online activity related to potential NCAA violations should be reported immediately to the Director of Athletics, mazzal@wcsu.edu or 203-837-9013.

Any violation of law or of NCAA, University, or Department of Athletics' rules, regulations, or policies (e.g., the University's Policy on Prohibited Harassment and Discrimination, Instrument of Student Governance [Honor Code], Student-Athlete Code of Conduct, or Hazing and Initiation Policy), or evidence of such violation in your online content, is subject to investigation and possible immediate sanction by the Department of Athletics, the University, the NCAA, and/or law enforcement agencies. Internal sanctions may include, but not be limited to, notice to remove the posting or photo to dismissal from the team.

“Promotion of NCAA Championships, Events, Activities, or Programs”

You authorize the NCAA and Western Connecticut State University to use your name and picture in accordance with Bylaw 12.5 including to promote NCAA Championships or other NCAA events, promotions, or programs.

Student-Athlete Consent and Authorization for Release of Education Records

I understand the Family Educational Rights and Privacy Act of 1974 (“FERPA”) generally limits access to my education records. In order to facilitate communication between Western Connecticut State University and others, I am therefore consenting to and authorizing release of any and all the following information and record(s):

- A. All education records and information relating to my academic status, standing and/or progress at Western Connecticut State University, including but not limited to the courses in which I am or have been enrolled, class and tutorial attendance records, status and grades on course assignments and other work, academic integrity matters, and course grades.

The described record(s) and information may be provided to either or both of my parents, step parents and/or my legal guardian(s) and academic advisors and Western Connecticut State University Athletics Department compliance staff.

The record(s) and information may also be provided to others, but solely for the purpose of nominating me for academic-related awards.

- B. All education records and information relating in any way to my eligibility or ineligibility to participate in intercollegiate athletics.

The described record(s) and information may be provided to either or both of my parents, step parents and/or my legal guardian(s) and to any member of the news media and to the general public.

- C. All education records and information relating to my NCAA eligibility, to my nomination for or receipt of academic-related awards or honors and my University grade point average, overall and/or in any particular term or terms, provided it is 3.00 or higher on a 4.00 scale.

The described record(s) and information may be provided to either or both of my parents, step parents and/or my legal guardian(s) and to any member of the news media and to the general public.

- D. All education records and information relating to my athletic performance, whether at Western Connecticut State University or otherwise, and my general family information.

The described record(s) and information may be provided to either or both of my parents, step parents and/or my legal guardian(s) and to any member of the news media and to the general public.

- E. All education records and information in the nature of names, photographs, films, videotape, audiotape, live and/or recorded visual and/or audio images, digital or otherwise, relating to me, and/or my participation in intercollegiate athletics at Western Connecticut State University.

The described record(s) and information may be provided to either or both of my parents, step parents and/or my legal guardian(s) and to any member of the news media and to the general public.

I authorize Western Connecticut State University to display and to use the described record(s) and information for Western Connecticut State University’s promotional, fund-raising, sales and licensing activities without payment to me.

I understand that this authorization is indefinite in duration.

I also understand that the entity or person to whom this information is revealed may not be covered by FERPA or any other state or federal regulations governing the privacy of education records, and that those regulations will not apply to that entity’s or person’s use or re-disclosure of information. I understand the information that is disclosed by the University pursuant to this Consent and Authorization may be re-disclosed by the receiving entity or person. For example, information given to the news media will, in all likelihood, be re-disclosed to their audience.

I further understand that I do not have to consent to this disclosure and that I may revoke the authorization by sending a written revocation of this authorization to Western Connecticut State University, at 181 White Street, Danbury, CT 06810. I understand that any revocation of authority hereunder would only govern subsequent releases and only be valid from the time of Western Connecticut State University Athletic Department’s actual receipt of a written notice.

FERPA/Bylaw 12.5/ Hazing/ Social Media Agreement

We, the undersigned, certify the following:

1. I have read AND understand WestConn's Hazing/ Social Media/ Promotions Policy
2. I verify that this policy has been provided to me and team
3. I verify that all activities sponsored and/or required by our team, in whole or part, comply with this policy
4. I verify that all our new members will not be hazed in any way. Failure of my team to uphold this policy, in whole or part, will result in the referral of:
 - a. My team being sent to the discipline office and AD
 - b. Any individual members involved to the discipline office and AD
 - c. Any individual members to the campus police for criminal prosecution
 - d. **The team for supplying false information to the University (if they knew of hazing and didn't take the steps to stop it)**
5. I will take full responsibility for all of my social media accounts which includes what I post and what others post on my account.
6. I agree to allow the NCAA and University to use my name and picture in accordance to bylaw 12.5
7. I have read and understand the FERPA regulations and allow WestConn to use the exclusions stated in accordance with the attached agreement.

By signing this form I understand, agree to and abide by the above statements.

Name (Print): _____

Name (Signature)_____

Sport: _____

Date: _____

Connecticut State University Policy Statement on Drug Education and Screening Program

INFORMED CONSENT/RELEASE

I, _____, acknowledge that I have received a copy of the Connecticut State University Policy Statement on Drug Education and Screening Program for Student-Athletes (the "Policy Statement"). I have read the Policy Statement in its entirety, had the chance to ask questions about it, and fully understand its provisions.

I understand that the use of street drugs, anabolic steroids and proscribed nutritional supplements as described in the Policy Statement is a violation of team rules for all intercollegiate athletics participants at the Connecticut State University. Accordingly, I hereby consent to have samples of my urine collected when informed by the University's Drug Testing Administrator that he or she has determined that there are reasonable grounds for believing that I have used such prohibited drugs or proscribed substances or for random testing, if random testing is applicable to me. I understand that my urine sample may be submitted for testing for the use of street drugs, anabolic steroids and proscribed nutritional supplements and that laboratory personnel will conduct this analysis. The purpose of this analysis will be to determine the presence or absence of proscribed substances in my urine.

I authorize the individual or organization designated by the Connecticut State University to collect urine samples and determine test results to make a confidential release of the results to the Drug Testing Administrator appointed by the University, under the guidelines and circumstances set forth in the Policy Statement, to other individuals, including but not limited to my parents and/or guardian, my head coach, the Director of Athletics and the corresponding administrator responsible for overseeing this area.

I understand that signing this informed consent form and agreeing to participate in the Drug Screening and Education Program is a mandatory prerequisite to my participation in intercollegiate athletics at the Connecticut State University.

I further understand that I am not required to participate in NCAA tournaments/championships for which my team is eligible, but, if I choose to participate with my team in an NCAA post-season event, I agree to provide a sample of my urine for analysis to determine the presence or absence of proscribed substances.

To the extent set forth in this document, I hereby waive any privilege I may have in connection with the information that WCSU may obtained because of my participation in the Drug Screening and Education Program.

I hereby release the Board of Trustees of the Connecticut State University and its officers, employees and agents from legal responsibility for any action related to the implementation of the Drug Screening and Education Policy and Program or the release of information and records in accordance with the terms of the Policy.

Student (Signature): _____

Date: _____

Date of Birth: _____

Parent/Guardian of minor (Signature): _____

Date: _____