

Ocean County College Athletic Eligibility Packet

Welcome to Ocean County College! In order to be eligible to tryout you must complete and hand in the following to the Athletic Department Office prior to your participation:



- Prospective Student-Athlete Information Form
- OCC Student-Athlete Sportsmanship and Ethics Code of Conduct Agreement
- NJCAA Amateurism Questionnaire
- NJCAA Eligibility Affidavit
- Athletic Participation Physical Form **The physical form must be signed, dated, and stamped by the doctor.**
- OCC Athletics Release Form
- Copy of your Health Insurance Card
- Copy of your High School Diploma
- Transfers Students - Official Transcripts of ALL College Coursework (You must also meet with an Athletic Department Administrator to complete additional forms for eligibility purposes)

Student Athletes are advised not to schedule any weekend classes or classes during the week ending later than 12:15 p.m. You must be a full time student, registered for a minimum of 12 credits, and must maintain your attendance and class work in those credits throughout the semester.

Transfers (students who registered at another college regardless of whether you participated in athletics) must speak with an Athletic Administrator to complete additional forms and provide an Official Transcript of ALL college coursework from each institution attended.

If you have any questions or require additional information, please contact us at 732-255-0345. In the meantime please contact by email the appropriate coach listed below to inform them of your interest.

Fall Sports: Men's Soccer, Women's Soccer, Men's and Women's Cross Country,
(tryouts begin August) Women's Tennis, Fall Baseball & Softball tryouts
Winter Sports: Men's Basketball, Women's Basketball, Men's & Women's Swimming
(tryouts begin October)
Spring Sports: Baseball, Softball, Golf, Men's Tennis
(tryouts begin January)

ATHLETIC DIRECTOR

Coach Ilene Cohen
Email: icohen@ocean.edu

ASST. ATHLETIC DIRECTOR

Coach A.J. Trump
Email: atrump@ocean.edu

MEN'S SOCCER

Coach Kirk Periccioli & Sal Colino
Email: msoccer@ocean.edu

CROSS-COUNTRY

Coach Ed Baynes
Email: crosscountry@ocean.edu

WOMEN'S & MEN'S TENNIS

Coach Stan Friedman
Email: wtennis@ocean.edu

WOMEN'S SOCCER

Coach A.J. Trump & Caitlin Toomey
Email: wsoccer@ocean.edu

MEN'S BASKETBALL

Coach Tory Fisher
Email: mbasketball@ocean.edu

WOMEN'S BASKETBALL

Coach Dana Kovich & Nicole Ciocher
Email: wbasketball@ocean.edu

MEN'S & WOMEN'S SWIMMING

Coach Steve Stout & Lauren Stoltzfus
Email: swimming@ocean.edu

BASEBALL

Coach Dave Vargo
Email: baseball@ocean.edu

GOLF

Coach Kevin Beirne
Email: golf@ocean.edu

SOFTBALL

Coach Bob Mazanec & Laura Dentrux
Email: softball@ocean.edu

Prospective Student-Athlete Information Form

PLAYER PROFILE (Please Print Legibly):

Sport(s) _____ Semester/Year of Participation _____

Name (First) _____ (Last) _____ Age _____ Birthday _____ Sex _____

Address _____ City & State _____ Zip _____ County _____

Last 4 Digits of Social Security # _____ Telephone Number _____ Cell _____

OCC Student I.D. # _____ E-mail Address _____

High School Attended _____ City and State _____ Year of Graduation _____

**In order to participate, you MUST provide OCC a copy of your HS diploma, final HS transcript with date of graduation, or GED scores and certificate with proper authorization. **

COUNTY OF RESIDENCE:

Are you currently enrolled as an Ocean County College (please check appropriate box):

In-county student Out-of-County student International student

INSURANCE INFORMATION:

Check ONE of the Following:

- I certify that I have subscribed to the College Insurance Plan
- I do not have personal coverage and assume all responsibility in case of injury.
- I certify that I have my own personal insurance.

INSURANCE COMPANY _____ ADDRESS _____

PHONE _____ POLICY # _____ GROUP # _____ ID # _____

Father's Name:	Name & Address of Father's Employer:
Mother's Name:	Name & Address of Mother's Employer:
Spouse's Name:	Name & Address of Spouse's Employer:
Name and Address of Student-Athlete's Employer:	

Do you have other personal or group medical insurance (circle one)? Yes No (if yes, complete below)

Names of Other Insurance Companies	Address

To the best of my knowledge, the above information is correct and accurate. All information I provide in addition to my collegiate transcripts may be released for eligibility purposes, student athlete award nominations, to the NJCAA, to institutions for transferring, to Region XIX, and for medical assistance.

Print Name: _____ Date: _____ Signature: _____

OCC Student-Athlete Sportsmanship and Ethics Code of Conduct Agreement

At Ocean County College the principle of our athletic program is to provide an environment in which total education is reflected by our student-athletes. We believe that sportsmanship as well as ethics is a primary focus while participating at Ocean County College. Keeping that in mind, each student-athlete intending to participate in our intercollegiate athletic programs must read, understand and abide by the following code:

- *Sportsmanship and ethics show the fundamental value of respect towards coaches, officials, fellow participants (teammates & opponents), spectators, and the sport itself.*
- *Student-athletes shall recognize their responsibility for their own proper conduct while on campus, traveling, or participating in an athletic event sponsored by OCC.*
- *Any type of unsportsmanlike conduct or abusive language while representing OCC, whether resulting in player ejection or **not**, will be subject to disciplinary action.*
- *Student-athletes who appear to be under the influence of alcohol or controlled substances including tobacco products while participating in a practice, representing the College in competition or travel shall be subject to appropriate disciplinary action.*
- *Student-athletes will be held accountable for damage of or loss of items issued to them and provided for them by the OCC Athletic Department.*
- *OCC student athletes must be eligible by NJCAA eligibility rules in order to participate in our programs.*
- *I understand and accept that the OCC Athletic Department will review my academic progress for my eligibility as well as monitor my academic progress throughout my interest in Athletics.*
- *I understand I must PASS a complete physical by a certified Physician with documentation in the OCC Athletic Office before participating with any team.*
- *I understand and give permission to Ocean County College to use photographs/video during my participation for NJCAA and OCC for promotion materials and awards.*
- *I understand that I must respect OCC on the internet and pledge not to display photos / video of OCC students or staff in OCC gear or team information on websites and or blogs. (ie: twitter/facebook/e-mail)*
- *I understand that during the season of my sport I will not participate on any other team/league including indoor or township recreation.*
- *If I do participate in the "off season" I will notify the Athletic Administration of this participation and WILL NOT use OCC equipment, wear OCC gear, or use any team name related to OCC. (ie: Vikings, or Ocean)*
- *I understand that if I have transferred from another institution, I must provide all information prior to participation in a game/match.*
- *I understand that failure to meet attendance requirements for classes (in person and online) and practices will adversely affect my participation on a team.*

I HAVE READ AND UNDERSTAND THE ABOVE CODE AND I PLEDGE TO ABIDE BY THIS CODE THROUGHOUT MY PARTICIPATION AT OCEAN COUNTY COLLEGE.

Name (Please Print)

Sport

Student-Athlete's Signature

Date

Director of Athletics Signature



NJCAA AMATEURISM QUESTIONNAIRE

Name: _____ Sport(s): _____
(First, Middle, Last)

College Name: _____ Date of Birth: _____ Age: _____

Are you a United States Citizen or a Permanent Resident*? Yes _____ No _____ (*Holder of a Green Card or USA Passport)

Please be advised that this is a questionnaire used in the recruiting process in order to help the institution determine your eligibility under NJCAA eligibility rules. Please be honest with your answers.

All Educational Background (high school, college, etc.):

Year(s)	Name of School	Country	Tuition Paid by parent, coach Team, government	Graduation Date	Where did you live?

All Athletics Participation:

Team Name	Team Contact Information	League Affiliation	Participation Dates	# of contests played	Expenses Received

Have you ever accepted any prize money based on your place finish for your participation in athletics?
Yes _____ No _____ If yes, please complete the information below:

Name of Team	Date of Competition	Name/Type of Competition	Prize Money Received	Expenses

Recruiting:

- How did you learn about this institution? _____
- Who contacted you (e.g., by email, letters, telephone calls, in-person visits, etc.) and encouraged you to attend this institution? _____
- Please list all official visits taken.

- Did you or someone on your behalf ever utilize a recruiting service or another individual to assist you in finding this institution or to assist you in obtaining an athletics scholarship? Yes _____ No _____ I don't know _____
If yes, who assisted you? Please explain.

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: _____

Amateurism Questionnaire

Please answer the following questions to the best of your ability

1. Did you receive any money beyond expenses for any of the teams you played on (e.g., salary, bonus)? Yes
No

If you answer yes please explain what you received and which team or teams provided the payment.

2. Did any member of your team receive money beyond expenses for their participation on any of the teams on which you participated (e.g., salary, bonus)?

Yes No I don't know

If you answer yes please indicate what was received and which team or teams provided the payment to you teammate

3. Did you sign any type of agreement to participate on any of the teams you mentioned above?

Yes No

If you answer yes, please indicate for which team and please provide a copy of the agreement.

4. Did you accept a promise of pay to play even if this payment was to be received following completion of intercollegiate athletic participation?

Yes No

5. Did any of the teams you participated on call themselves professional?

Yes No I don't know

If yes, which team(s)

6. Did you have a written or verbal agreement with an agent or agency to represent you while you were participating in athletics?

Yes No

7. Did you ever sign a contract or commitment of any kind to play professional athletics, regardless of its legal enforceability or any compensation received?

Yes No

If yes, please provide a copy this document

8. Have you ever received directly or indirectly a salary, reimbursement of expenses or any other form of financial assistance from a professional sports organization based on your athletic skills or participation?

Yes No

9. Have you or your parents or guardians ever accepted any benefits from an agent or anyone associated with an agent?

Yes No

10. Have you ever been involved in an advertisement or promotion?

Yes No I don't know

If yes, please describe:

11. Have you ever competed on a professional athletic team, or on a team where any member of the team is considered professional, even if no payment or other compensation for expenses was received?

No Yes

12. Have you ever entered into a professional draft? Yes No

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: _____



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: _____ Email Address: _____

Other Information:

Parent's Home Address: _____
Street Address City, State, Zip Code

Phone Number: _____ Parents' Names: _____

Foreign Born Students:

Are you a United States Citizen or a Permanent Resident*? Yes _____ No _____ (*Holder of a Green Card or USA Passport)

Are you have another type of VISA? Yes _____ No _____ If so, what type? _____

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/year): ___/___

Where you home schooled? _____ Did you graduate? Yes* _____ No _____

Check here if you have earned a *GED: _____ GED: Date Earned (month/year): ___/___

* Enclose a COPY of your High School Diploma or GED Certificate.

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. Have you ever received 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.

- College: _____ Dates: _____ Full-time or Part-time? (circle one)
- College: _____ Dates: _____ Full-time or Part-time? (circle one)
- College: _____ Dates: _____ Full-time or Part-time? (circle one)
- College: _____ Dates: _____ Full-time or Part-time? (circle one)

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: _____



Athletic Participation Physical Form

STUDENT NAME _____ STUDENT ID # _____ Sport _____

Please check the appropriate box in answer to the following questions:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had surgery? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you presently taking any medications or pills? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any allergies (medicine, bees or other stinging insects)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever passed out during or after exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been dizzy during or after exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had chest pains during exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you tire more quickly than your friends during or after exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had high blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been told that you have a heart murmur? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had racing of your heart or skipped heartbeats? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has anyone in your family died of heart problems or a sudden death before age 50? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any skin problems (itching, rashes, acne)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a head injury? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you even been knocked out or unconscious? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a seizure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a stinger, burner, or pinched nerve? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat or muscle cramps? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been dizzy or passed out in the heat? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have trouble breathing or do you cough during or after activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guard, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any problems with your eyes or vision? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wear glasses or contacts or protective eyewear? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? |
| | | <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest |
| | | <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hip <input type="checkbox"/> Hand <input type="checkbox"/> Foot |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a medical problem or injury since your last evaluation? |

When was your last tetanus shot? _____

When was your last measles immunization? _____

When was your first menstrual period? _____

When was your last menstrual period? _____

What was the longest time between your periods last year? _____

Explain all "Yes" answers:

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

Signature of Athlete: _____ Date: _____

Name _____ Age _____ Date of Birth _____

Name of Physician _____ Phone _____

Below to be filled out by Physician:

Height _____ Weight _____ BP _____ / _____ Pulse _____			
Vision R 20/ _____ Vision L 20/ _____ Corrected: Y N Pupils _____			
	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulse			
Heart			
Lungs			
Tanner Stage	1	2	3 4 5
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Clearance (please circle):

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared for:

- Collision
- Contact
- Non-contact

Due to: _____

PHYSICIAN'S STAMP, SIGNATURE, & DATE OF EXAM REQUIRED BELOW TO PARTICIPATE:

STAMP →

Signature of Physician _____ Date of Exam _____

OCC ATHLETICS RELEASE FORM

Travel: Student athletes in athletic events where travel is required must use the mode of transportation provided by the College. In exceptional circumstances, a student athlete may be permitted to use other means of transportation, at the sole discretion of the OCC Athletic Dept. Staff and a written document stating the circumstance is cleared through Athletic Staff prior to not traveling with team. In that event, the student athlete is solely and exclusively liable for any and all claims, demands, damages, or causes of action that may be made by or against the student athlete or any other person, arising as a result of, or in connection with student athlete's use of alternate means of transportation. This is to be clearly understood that if the student athlete uses alternate transportation neither the coach or person in charge, nor the College is liable, obliged, or responsible for any acts or omissions that may occur or arise, or any damages or injury that may result during or in connection with the student athlete's use of alternate means of transportation. Student athlete hereby waives any such claims.

NJCAA & INFORMATION FOR PROMOTIONAL USE: Student athletes understand and agree to release to the College the use of numerous types of Information for OCC and NJCAA including roster information, transcripts, statistics, photos / video media (electronic and print) for promotional, statistical, and awards purposes.

NOMINATIONS: The student athlete also agrees to allow the College to nominate them for awards and gives permission to the College to release their transcripts, media, and GPA for NJCAA use, awards, transfer, and promotion.

Participants with OCC athletic teams acknowledge receipt and agreement to the rules of conduct (OCC Sportsmanship and Ethics Code of Conduct) promulgated by the athletic department, supplemented by NJCAA rules of conduct and behavior specific to the sport or activity in which they participate.

Participants agree to comply with OCC/NJCAA rules and regulations, to comport themselves in a manner which reflects positively upon the College when representing OCC and will refrain from acts or omissions that cast the College as unsportsmanlike behavior or in a negative light. The College will not be liable for any claim, demand, damage, or cause of action that may be made by the Participant or any other person, arising out of, as a result of, or in connection with participant's failure, neglect, or refusal to conform to such rules and regulations. OCC Participants within the Athletic Department hereby waives any such claims.

I understand the above, agree with the conditions, and release my information.

Please print Information below:

NAME: _____ DATE _____

PHONE: _____ Cell: _____

EMERGENCY CONTACT PERSON / PHONE: Name: _____
Relationship _____ PHONE _____ CELL _____

Signature of Student Athlete

Signature of Parent (if student is a minor)