



Student-Athlete Statement – Division I

For: Division I Student-athletes.
Action: Sign and return to your director of athletics.
Due Date: Before your first competition in Academic Year 2021-22.
Required By: NCAA Division I Constitution 3.2.4.7 and Division I Bylaw 12.7.2
Purpose: To assist in certifying eligibility.
Effective Date: The effectiveness of this NCAA Division I 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 2021-22 _____

Sport(s) _____

If different than above, institution attended in academic year 2020-21 _____

Division I Bylaw 12.7.2.1 provides that, before participation in intercollegiate competition each academic year, a student-athlete shall sign a statement in a form prescribed by the NCAA Division I Legislative Committee 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 Legislative Committee 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 12.7.2.1 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 I 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 I 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 I Manual: NCAA Bylaws 10 (Ethical Conduct), 12 (Amateurism), 13 (Recruiting), 14 (Eligibility), 15 (Financial Aid), 16 (Awards, Benefits, Expenses), 18.4 (Championship Eligibility) and 31.2.2 (Individual Eligibility).

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

PART I: GENERAL STATEMENT CONCERNING ELIGIBILITY.

I affirm the following:

1. 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 I Manual, and my director of athletics (or his or her designee) provided me with an opportunity to ask questions about those materials.
 2. I have knowledge of and understand the application of the Division I regulations as they relate to my eligibility to participate in intercollegiate athletics.
 3. To the best of my knowledge, I meet the eligibility requirements to participate as a student-athlete in NCAA Division I 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 I manual sections identified above.
 4. 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.
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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 financial aid and any other aspect of participation in NCAA intercollegiate athletics and related programs:

- a. 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;
- b. 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;
- c. Any transcript from your high school, the identified institution, or any junior college or any other four-year institution you have attended;
- d. 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;
- e. Graduation status;
- f. Your social security number and/or student identification number;
- g. Race and gender identification;
- h. Diagnosis of any education-impacting disabilities;
- i. 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 financial aid and any other 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 Consent to 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 Consent to 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 financial aid and any other aspect of participation in 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 identify of those organizations and individuals who were involved.
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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 2021-22 Drug-Testing Consent Form (Form 20-1b). 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 schedule 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)
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PART VI: ACADEMIC ELIGIBILITY INFORMATION (Freshman Only).

I affirm that:

- To the best of my knowledge, I have received a validated ACT and/or SAT score;
- I did not fraudulently secure my qualifying ACT or SAT score by having someone else take the test for me, copying answers from another person, or any other unethical means;
- In the event I am, at any time, notified by ACT or SAT of the possibility that my ACT or SAT score is invalid, I will immediately notify the director of athletics at my current institution identified above;
- To the best of my knowledge, all information provided to the NCAA and/or 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.

*Note: Due to COVID-19, students who initially enroll full time during the 2021-22 and 2022-23 academic years will receive an automatic initial-eligibility waiver in the academic certification process if they meet the 10/7 core-course progression requirement, the 16 core-course units in the required subject areas, a 2.300 or higher core-course GPA and have proof of high school graduation.

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
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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 VIII will automatically and simultaneously terminate my eligibility to participate in NCAA collegiate athletics. Any termination attempted under this Part VIII 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 an 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.



NCAA Division I Drug-Testing Consent

For: Student-athletes.
Action: Sign and return to your director of athletics.
Due date: At the time your intercollegiate squad first reports for practice or the Monday of the institution's fourth week of classes, whichever date occurs first.
Required by: NCAA Constitution 3.2.4.8 and NCAA Bylaw 12.7.3.
Effective date: This consent form shall be in effect from the date this document is signed and shall remain in effect 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 to participate (i.e., practice or compete) in intercollegiate athletics per NCAA Constitution 3.2.4.8 and NCAA Bylaw 12.7.3. 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 on a year-round basis and 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 18.4.1.4.6 (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 the Drug Free Sport AXIS at 816-474-7321 or <https://dfsaxis.com/users/login> (Password: ncaa1, ncaa2, or 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 for participation in postseason and regular season competition (unless a medical exception is granted).
2. A student-athlete who tests positive for a banned drug other than cannabinoids and narcotics shall be ineligible for competition in all sports until he or she has been withheld from the equivalent of one season of regular season competition. If the student-athlete tested positive during a year in which he or she did not use a season of competition, he or she shall be charged with the loss of one season of competition in all sports. If the student-athlete tested positive during a year in which he or she used a season of competition he or she shall be charged with the loss of one season of competition in all sports unless he or she uses a season of competition in the academic year immediately after the positive test. The student-athlete shall be ineligible for intercollegiate competition for 365 consecutive days after the student-athlete's positive drug test and until he or she tests negative pursuant to the policies and procedures of the NCAA Drug-Testing Program.

3. A student-athlete who tests positive a second time for the use of any drug other than cannabinoids or narcotics shall lose all remaining regular season and postseason eligibility in all sports. A student-athlete who previously tested positive for the use of any drug other than cannabinoids or narcotics or tests positive for use of a substance in the banned drug class cannabinoids and narcotics shall be withheld from competition for 50 percent of a season in all sports (i.e., first 50 percent of all regular season contests or dates of competition in the season following the positive test). The student-athlete will remain ineligible until the prescribed penalty is fulfilled and he or she tests negative pursuant to the policies and procedures of the NCAA Drug-Testing Program.
4. A student-athlete who tests positive for the use of a substance in the banned drug classes cannabinoids or narcotics shall be ineligible for competition during 50 percent of a season of competition in all sports (i.e., 50 percent of all contests or dates of competition in the season following the positive test) and remain ineligible until the prescribed penalty is fulfilled and he or she tests negative pursuant to the policies and procedures of the NCAA Drug-Testing Program.
5. A student-athlete who tests positive a second time for the use of a substance in the banned drug classes of cannabinoids or narcotics shall be subject to the penalties set forth in Bylaw 18.4.1.4.1.1 (second positive test).
6. A student-athlete found to have tampered with an NCAA drug-test sample shall be ineligible for competition in all sports until he or she has been withheld from the equivalent of two seasons of regular season competition. A student-athlete involved in tampering during a year in which he or she did not use a season of competition, shall be charged with the loss of two seasons of competition in all sports. A student-athlete involved in tampering during a year in which he or she used a season of competition, shall be charged with the loss of two additional seasons of competition in all sports, in addition to the season used, unless he or she uses a season of competition in one of the next two academic years. If he or she used a season of competition in one of the next two academic years, he or she will only be charged one additional season of competition in all sports, in addition to the season used. The student-athlete shall be ineligible for intercollegiate competition for 730 consecutive days after the student-athlete was involved in tampering and until he or she tests negative pursuant to the policies and procedures of the NCAA Drug-Testing Program.
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 competitions until the student-athlete does not compete in collegiate competition for the entirety of the prescribed penalty while enrolled and otherwise eligible for competition at an NCAA institution. The student-athlete shall be ineligible for intercollegiate competition for the applicable consecutive days (365 or 730) after his or her final non-NCAA competition and will remain ineligible until he or she tests negative pursuant to the policies and procedures of the NCAA Drug-Testing Program.
8. The penalty for missing a scheduled drug test is the same as the penalty for testing positive for the use of a banned drug other than a cannabinoid or narcotic.
9. A student-athlete who tests positive has an opportunity to appeal the sanctions resulting from the positive drug test.

What to do with this form: Sign and return it to your director of athletics at the time your intercollegiate squad first reports for practice or the Monday of the institution's fourth week of classes (whichever date occurs first). This form is to be kept on file at the institution for **six years**.

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

Name (please print)

Date of birth

Age

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

Sport(s)



2021-22 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/drug_testing. 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).
5. Tampering of urine samples.

NCAA Nutritional/Dietary Supplements:

Before consuming any nutritional/dietary supplement product, review the product and its label with your athletics department staff. **Many nutritional/dietary supplements are contaminated with banned substances not listed on the label.**

1. Nutritional/dietary supplements, including vitamins and minerals, are not well-regulated and may cause a positive drug test.
2. Student-athletes have tested positive and lost their eligibility using nutritional/dietary supplements.
3. Any product containing a nutritional/dietary supplement ingredient is taken at your own risk.

Athletics department staff should provide guidance to student-athletes about supplement use, including a directive to have any product checked by qualified staff members before consuming. The NCAA subscribes only to Drug Free Sport AXIS™ for authoritative review of label ingredients in medications and nutritional/dietary supplements. Contact the Drug Free Sport AXIS at 816-474-7321 or dfsaxis.com (password ncaa1, ncaa2 or ncaa3).

THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES.**Do not rely on this list to rule out any label ingredient.**

Drug Classes	Some Examples of Substances in Each Class	
Stimulants	Amphetamine (Adderall) Caffeine (Guarana) Cocaine Dimethylbutylamine (DMBA; AMP) Dimethylhexylamine (DMHA; Octodrine) Ephedrine Heptaminol Hordenine Methamphetamine	Methylhexanamine (DMAA; Forthane) Methylphenidate (Ritalin) Mephedrone (bath salts) Modafinil Octopamine Phenethylamines (PEAs) Phentermine Synephrine (bitter orange)
	<i>Exceptions: Phenylephrine and Pseudoephedrine are not banned.</i>	
Anabolic Agents	Androstenedione Boldenone Clenbuterol DHCMT (Oral Turinabol) DHEA (7-Keto) Drostanolone Epitrenbolone Etiocholanolone Methandienone	Methasterone Nandrolone Norandrostenedione Oxandrolone SARMS [Ligandrol (LGD-4033); Ostarine; RAD140; S-23] Stanozolol Stenbolone Testosterone Trenbolone
Alcohol and Beta Blockers (banned for rifle only)	Alcohol Atenolol Metoprolol Nadolol	Pindolol Propranolol Timolol
Diuretics and Masking Agents	Bumetanide Chlorothiazide Furosemide Hydrochlorothiazide	Probenecid Spironolactone (canrenone) Triameterene Trichlormethiazide
	<i>Exceptions: Finasteride is not banned.</i>	
Narcotics	Buprenorphine Dextromoramide Diamorphine (heroin) Fentanyl, and its derivatives Hydrocodone Hydromorphone Methadone	Morphine Nicomorphine Oxycodone Oxymorphone Pentazocine Pethidine
Cannabinoids	Marijuana Synthetic cannabinoids (Spice; K2; JWH-018; JWH-073) Tetrahydrocannabinol (THC)	
Peptide Hormones, growth factors, related substances and mimetics	Growth hormone (hGH) Human Chorionic Gonadotropin (hCG) Erythropoietin (EPO)	IGF-1 (colostrum; deer antler velvet) Ibutamoren (MK-677)
	<i>Exceptions: Insulin, Synthroid and Forteo are not banned.</i>	
Hormone and Metabolic Modulators	Aromatase Inhibitors [Anastrozole (Arimidex); ATD (androstatrienedione); Formestane; Letrozole] Clomiphene (Clomid) Fulvestrant GW1516 (Cardarine; Endurobol) SERMS [Raloxifene (Evista); Tamoxifen (Nolvadex)]	
Beta-2 Agonists	Bambuterol Formoterol Higenamine	Norcoclaurine Salbutamol Salmeterol

Any substance that is chemically related to one of the above classes, even if it is not listed as an example, is also banned.

It is your responsibility to check with the appropriate or designated athletics staff before using any substance. Many nutritional/dietary supplements are contaminated with banned substances not listed on the label.

Information about ingredients in medications and nutritional/dietary supplements can be obtained by contacting Drug Free Sport AXIS at 816-474-7321 or dfsaxis.com (password ncaa1, ncaa2 or ncaa3).

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

I, _____, authorize Tennessee Technological University ("Tennessee Tech") to disclose any and all necessary education records including necessary personally identifiable information related to my academic performance, athletic performance and student disciplinary history to the listed entity/person or class of entities/persons for the purposes described below. I understand that by agreeing to this, I am waiving all personal and legal rights to confidentiality and privacy, including rights under the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. § 1232g and 34 C.F.R. § 99.3 and this release will be effective until I revoke it by sending a written notice of revocation to the Director of Athletics.

The purposes of the disclosure are to provide

- Report(s) on progress toward degree
- Report(s) on academic and athletic eligibility and retention
- Report(s) on financial aid records, particularly aid available through the Department of Athletics
- Response(s) to institutions or professional athletic or coaches associations that inquire about my status as a student-athlete, including inquiries related to academic, athletic, and medical status and disciplinary actions
- Report(s) related to use of banned substances, including illegal drugs or performance enhancing supplements
- Response(s) to inquiries from news outlets related to my enrollment status with Tennessee Tech University, my team status, and athletic or academic recognitions or honors
- Press releases or announcements that include my grade point average related to my athletic or academic recognitions or honors
- Report(s) or response(s) to the National Collegiate Athletic Association (NCAA), Ohio Valley Conference (OVC) or similar governing body, as required by the respective rules or regulations of that governing body
- Report(s) or response(s) related to my general medical condition after being injured.

The entity/person/entities/persons or classes of persons/entities to which information may be released are as follows:

- Parents or legal guardians
- School officials at other institutions of higher education
- Media outlets, including individual reporters
- Professional or coaching organizations including, but not limited to, the NFL, NABC, etc.
- NCAA
- Ohio Valley or any other athletic conference
- High school officials
- Audiences at gatherings related to athletic or academic honors, when the disclosure is related to an athletic or academic honor bestowed on me.
- Students at my institution that may be participating in academic observations and/or clinical rotations during injury rehabilitation.

In addition, by signing this document, I acknowledge that Tennessee Tech Department of Athletics personnel are “school officials with a legitimate educational interest” as defined by FERPA and TTU Policy 265 and will, in the course of fulfilling their professional responsibilities to Tennessee Tech, make inquiries about and discuss my academic or disciplinary records with other Tennessee Tech school officials.

Student's Signature

Date

Printed Name

T-Number

CONSENT TO PERFORM URINALYSIS SCREENING FOR DRUGS

I hereby consent to have a sample of my urine collected and tested for the presence of drugs in accordance with the Tennessee Technological University Department of Athletics Drug Education/Screening program.

I understand that this screening will occur at such times deemed appropriate by the Team Physicians, the Director of Athletics, my Head Coach, and/or the Athletic Trainer.

I understand that any urine samples will be sent to a licensed medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.

I hereby authorize the release of such urine screening results to the Director of Athletics, Team Physicians, Head Athletic Trainer, Head Coach or other Tennessee Tech officials as deemed appropriate. I understand that these results will be made available to my parents and myself.

I understand that I am free to withdraw this consent for urinalysis screening. However, I also understand that should I refuse to submit to testing at the time requested, I will not be permitted to participate in any intercollegiate sports program until such time as the Department of Athletics and Tennessee Technological University deem appropriate.

I hereby release Tennessee Technological University, the State Board of Regents, officers, employees and agents from legal responsibility or liability for release of such information and records as authorized by this form.

Date: _____ Student-Athlete Signature: _____

Signature of Parent of Student-Athlete is a Minor: _____

Sport: _____

T Number: _____

**ACKNOWLEDGEMENT OF NCAA POSITION ON NUTRITIONAL SUPPLEMENT USE AND
PERSONAL VEHICLE LIABILITY**

NUTRITIONAL SUPPLEMENT USE:

The NCAA's position on nutritional supplement use is stated as follows:

"Nutritional/dietary supplements may contain NCAA banned substances. The U.S. Food and Drug Administration does not strictly regulate the supplement industry; therefore, purity and safety of nutritional/dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NCAA drug test. The use of supplements is at the student-athlete's own risk. Student-athletes should contact their institution's team physician or athletic trainer for further information."

Acknowledgement:

I have read and understand the NCAA's position on nutritional supplements use:

Signature and date

Personal Vehicle Liability:

The following information applies to my personal vehicle, or to the primary vehicle which I drive either while at Tennessee Tech or my home of record:

Year/Make/Model of Vehicle: _____

Who paid for this car, makes payments on this car, or has loaned you this vehicle for your use while enrolled at Tennessee Tech?

If other than yourself, what is that person's relationship to you?

Signature and date

I have informed of the location of the online Tennessee Technological University Student-Athlete Handbook and necessary appendices. I plan to review and read this manual and understand that I can ask questions and review the policies and procedures at any time with a full-time member of the Student Therapy Center/Athletic Training Staff of Athletics Administrative Staff. I also agree to periodically check the online versions of these documents for the purpose of identifying changes and to comply with the policies and procedures specified.

I understand that failure to comply with the policies and procedures as stated may result in disciplinary action or my being financially responsible for any medical bills incurred.

Student-Athlete Name

Date

Student-Athlete Signature

Parent or Guardian Signature

Date

(If student-athlete is a minor upon his/her initial physical examination as a student-athlete for Tennessee Technological University)



OVC Student-Athlete Publicity Consent Release

I, _____ (print name) of
_____ (print school name), hereby grant the
Ohio Valley Conference (hereinafter "Conference") and their assigns and agents
permission to publish, broadcast, print, or otherwise use my name, picture,
likeness, voice, and/or image in any manner, form, or media for any purpose the
Conference, in its discretion, believes is in the interest of the Conference and its
mission. This permission includes, without limitation, uses in Conference
promotional and marketing materials.

The use of my name, picture, likeness, voice and/or image will be made in
accordance with NCAA Division I Bylaw 12.5.1.1 (Institutional, Charitable,
Education or Nonprofit Promotions). See Bylaw 12.5.1.1 for additional details.

I have read and understood this consent release.

Student-Athlete Signature

Date

Ohio Valley Conference Student-Athlete Sportsmanship Agreement

As a student-athlete in the Ohio Valley Conference (OVC), I understand I have been given the opportunity to represent my institution and the OVC and with that opportunity comes a responsibility to support the OVC's commitment to promoting sportsmanship. As such, I hereby promise to conduct myself while in the arena of athletics competition with a sense of fairness, honesty, and responsibility and will treat my opponents with civility and respect. With this in mind, I promise not to participate in acts of:

1. Disrespect against officials, opponents, or spectators by engaging in 'trash talking', using obscene gestures or profane or unduly provocative language;
2. Unprovoked acts of physical violence toward other student-athletes, coaches, officials, school representatives, and fans;
3. Fighting as defined by the NCAA (i.e., "an attempt to strike an opponent with the arms, hands, legs, or feet, or a combative action by one or more players, a coach, or other team personnel"); and.
4. Being critical publicly of any game official, conference personnel, another university or its personnel or student-athletes.

I also acknowledge that should I violate this agreement by not conducting myself in athletic competition in a manner consistent with the OVC's sportsmanship expectations, as set forth in this document, I will face the possibility of being penalized with suspension from one or more contest(s) as deemed appropriate by the conference commissioner.

Signed: _____

Print Name: _____

Date: _____

Tennessee Tech University Sports Medicine

Concussion Acknowledgement Form

As a student-athlete at Tennessee Tech University, I acknowledge that I have a direct responsibility to be honest and forthcoming by reporting all injuries or illnesses to the Tennessee Tech University Sports Medicine staff (athletic trainers or physicians). I further understand and acknowledge that participation in my sport may result in a head injury or concussion. The Sports Medicine staff at Tennessee Tech University has provided me with educational materials regarding concussions and I have read them.

Specifically, I agree the following to be True:

_____ I have read and understand the Concussion Fact Sheet provided to me and have been given an
Initial opportunity to ask questions about concussions and anything I'm not clear about regarding this
issue

_____ A concussion is a brain injury, which I am responsible for immediately reporting to my athletic
Initial trainer or team physician.

_____ A concussion can affect my ability to perform everyday activities, and affect reaction time,
Initial balance, sleep, and classroom performance.

_____ If I suspect a teammate has a concussion, I am responsible for reporting it to my athletic
Initial trainer or team physician.

Student Athlete Printed Name

Student Athlete Signature

Date

Witness

Date

CONCUSSION SAFETY

WHAT STUDENT-ATHLETES
NEED TO KNOW

What is a concussion?

The Consensus Statement on Concussion in Sport, which resulted from the 5th international conference on concussion in sport, defines sport-related concussion as follows:

Sport-related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized to clinically define the nature of a concussion head injury include... For complete definition click [here](#):

How can I keep myself safe?

1. Know the symptoms.

You may experience ...

- Headache or head pressure
- Nausea
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy or foggy
- Confusion, concentration or memory problems

2. Speak up.

- If you think you have a concussion, stop playing and talk to your coach, athletic trainer or team physician immediately.

3. Take time to recover.

- Follow your team physician and athletic trainer's directions during concussion recovery. If left unmanaged, there may be serious consequences.
- Once you've recovered from a concussion, talk with your physician about the risks and benefits of continuing to participate in your sport.

How can I be a good teammate?

1. Know the symptoms.

You may notice that a teammate ...

- Appears dazed or stunned
- Forgets an instruction
- Is confused about an assignment or position
- Is unsure of the game, score or opponent
- Appears less coordinated
- Answers questions slowly
- Loses consciousness

2. Encourage teammates to be safe.

- If you think one of your teammates has a concussion, tell your coach, athletic trainer or team physician immediately.
- Help create a culture of safety by encouraging your teammates to report any concussion symptoms.

3. Support your injured teammates.

- If one of your teammates has a concussion, let him or her know you and the team support playing it safe and following medical advice during recovery.
- Being unable to practice or join team activities can be isolating. Make sure your teammates know they're not alone.

*No two concussions are the same. New symptoms can appear hours or days after the initial impact.
If you are unsure if you have a concussion, talk to your athletic trainer or team physician immediately.*

What happens if I get a concussion and keep practicing or competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with concussion have reduced concentration and slowed reaction time. This means that you won't be performing at your best.
- Athletes who delay reporting concussion take longer to recover fully.

What are the long-term effects of a concussion?

- We don't fully understand the long-term effects of a concussion, but ongoing studies raise concerns.
- Athletes who have had multiple concussions may have an increased risk of degenerative brain disease and cognitive and emotional difficulties later in life.

What do I need to know about repetitive head impacts?

- Repetitive head impacts mean that an individual has been exposed to repeated impact forces to the head. These forces may or may not meet the threshold of a concussion.
- Research is ongoing but emerging data suggest that repetitive head impact also may be harmful and place a student-athlete at an increased risk of neurological complications later in life.

Did you know?

- NCAA rules require that team physicians and athletic trainers manage your concussion and injury recovery independent of coaching staff, or other non-medical, influence.
- We're learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit ncaa.org/concussion.

CONCUSSION TIMELINE

