

Last Name, First Name: \_\_\_\_\_ Cell: \_\_\_\_\_



Form 22-1a

Academic Year 2022-23

**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 2022-23.  
**Required By:** NCAA Division I Bylaws 12.7.2 and 20.2.4.7.  
**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 2022-23

**Tennessee Tech University**

Sport(s) \_\_\_\_\_

*If different than above*, institution attended in academic year 2021-22. \_\_\_\_\_

NCAA 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 (Academic 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.**

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#### **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).**

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**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.

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**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**

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**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.

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### **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).**

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**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**

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**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 2022-23 Drug-Testing Consent Form (Form 22-1b). 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).**

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**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**

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**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

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**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).**

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**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**

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**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 2022-23 or 2023-24 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.

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

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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

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In addition to 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.

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#### **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.***



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**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/or other advisors and my signature below reflects my understanding of an agreement with the same.

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*Signature of student-athlete*

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Date

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

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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 22-1b

Academic Year: 2022-23

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**NCAA Division I Drug-Testing Consent**

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**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 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.

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**Requirement to Sign Drug-Testing Consent Form.**

Name of student-athlete: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Failure to sign and deliver this form by the due date described above will render you ineligible to participate (i.e., practice or compete) in intercollegiate athletics per NCAA Bylaw 12.7.3. Before you sign this form, you should read the relevant sections of the NCAA Division I Manual 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 the NCAA drug testing program and all related NCAA Division I regulations. If you have any questions, you should discuss them with your director of athletics.

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**Consent to Testing.**

You agree to allow the NCAA to test you on a year-round basis including, without limitation, 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 18.4.1.4.7 (see attached). Examples of drugs in each class can be found at [www.ncaa.org/drugtesting](http://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.

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**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 additional 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. 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 tests positive for use of a substance in the banned drug class 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. A student-athlete who tests positive for the use of a substance in the drug class cannabinoid for the first time after having tested positive for the use of any substance in a banned drug other than cannabinoids and narcotics shall engage in an education and management plan for substance misuse as developed or facilitated by the institution.

3. A student-athlete who tests positive for the use of a substance in the banned drug class 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.
4. A student-athlete who tests positive a second time for the use of a substance in the banned drug class narcotics shall be subject to the penalties set forth in Bylaw 18.4.1.4.1.1 (second positive test). A student-athlete who tests positive for the use of a substance in the drug class cannabinoids for the first time after having tested positive for the use of any substance in a banned drug class narcotics shall engage in an education and management plan for substance misuse as developed or facilitated by the institution. A student-athlete who tests positive for the use of a substance in a banned drug class other than cannabinoids after having tested positive for the use of a substance in the drug class cannabinoids shall be subject to the first positive penalty for that class.
5. A student-athlete who tests positive for the use of a substance in the drug class cannabinoid for the first time shall engage in an education and management plan for substance misuse as developed or facilitated by the institution. A student-athlete who tests positive for a second time for the use of a substance in the banned drug class cannabinoids shall continue to engage in an education and management plan for substance misuse as developed or facilitated by the institution provided the institution can attest the student-athlete was compliant with the education and management plan after the first positive test. If the institution cannot or does not attest, the student-athlete shall be considered ineligible for competition during 25 percent of a season in all sports. A student-athlete who tests positive for a third time and beyond for the use of a substance in the banned drug class cannabinoids shall continue to engage in an education and management plan for substance misuse as developed or facilitated by the institution provided the institution can attest the student-athlete was compliant with the education and management plan after the first positive test.

If the institution cannot or does not attest, the student-athlete shall be considered ineligible for competition during 50 percent of a season in all sports.

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.

**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.
  - d. Any specimen provided by me as part of the NCAA drug testing program shall be deemed to be the exclusive property of the NCAA.
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)

**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**.

**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.**



## 2022-23 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, that updates may be found on the NCAA website ([ncaa.org](http://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 and/or medical 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 any of the 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. All drugs within the banned-drug class shall be considered to be banned regardless of whether they have been specifically identified. Examples of substances under each class can be found at [ncaa.org/drugtesting](http://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. Tampering of urine samples.
5. Beta-2 agonists (permitted only by inhalation with prescription).

### **NCAA Nutritional/Dietary Supplements:**

Before using any nutritional/dietary supplement product, a student-athlete should review the product and its label with the appropriate athletics department and/or medical staff.

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

As part of its responsibility to provide education about banned substances, athletics department staff should consider providing information about supplement use and the importance of having nutritional/dietary products evaluate by qualified staff members before consuming. The NCAA has identified Drug Free Sport AXIS™ (AXIS) as the service designated to facilitate student-athlete and institutional review of label ingredients in medications and nutritional/dietary supplements. Contact AXIS at 816-474-7321 or [dfsaxis.com](http://dfsaxis.com) (password ncaa1, ncaa2 or ncaa3).

THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES. DO NOT RELY ON THIS LIST AS EXHAUSTIVE OR TO CONFIRM OR RULE OUT ANY LABEL INGREDIENT THAT MAY CONTAIN A POTENTIAL BANNED SUBSTANCE.

Many nutritional/dietary supplements are contaminated with banned substances not listed on the label. It is the student-athlete's responsibility to check with the appropriate or designated athletics and/or medical staff before using any substance.

Drug Classes	Some Examples of Substances in Each Class	
<b>Stimulants</b>	Amphetamine (Adderall) Caffeine (Guarana) Cocaine Dimethylbutylamine (DMBA; AMP) Dimethylhexylamine (DMHA; Octodrine) Ephedrine Heptaminol Hordenine Methamphetamine <i>Exceptions: Phenylephrine and Pseudoephedrine are not banned.</i>	Methylhexanamine (DMAA; Forthane) Methylphenidate (Ritalin) Mephedrone (bath salts) Modafinil Octopamine Phenethylamines (PEAs) Phentermine Synephrine (bitter orange)
<b>Anabolic Agents</b>	Androstenedione Boldenone Clenbuterol Clostebol DHCMT (Oral Turinabol) DHEA (7-Keto) Drostanolone Epitrenbolone Etiocholanolone Methandienone	Methasterone Nandrolone (19-nortestosterone) Norandrostenedione Oxandrolone SARMS [Ligandrol (LGD-4033); Ostarine; RAD140; S-23] Stanozolol Stenbolone Testosterone Trenbolone
<b>Alcohol and Beta Blockers (banned for rifle only)</b>	Alcohol Atenolol Metoprolol Nadolol	Pindolol Propranolol Timolol
<b>Diuretics and Masking Agents</b>	Bumetanide Spironolactone (Canrenone) Chlorothiazide Furosemide <i>Exceptions: Finasteride is not banned.</i>	Hydrochlorothiazide Probenecid Triamterene Trichlormethiazide
<b>Narcotics</b>	Buprenorphine Dextromoramide Diamorphine (heroin) Fentanyl, and its derivatives Hydrocodone Hydromorphone Methadone	Morphine Nicomorphine Oxycodone Oxymorphone Pentazocine Pethidine
<b>Cannabinoids</b>	Marijuana Synthetic cannabinoids (Spice; K2; JWH-018; JWH-073) Tetrahydrocannabinol (THC, Delta-8)	
<b>Peptide Hormones, growth factors, related substances and mimetics</b>	Growth hormone (hGH) Human Chorionic Gonadotropin (hCG) Erythropoietin (EPO) <i>Exceptions: Insulin, Synthroid and Forteo are not banned.</i>	IGF-1 (colostrum; deer antler velvet) Ibutamoren (MK-677)
<b>Hormone and Metabolic Modulators</b>	Anti-Estrogen (Fulvestrant) Aromatase Inhibitors [Anastrozole (Arimidex); ATD (androstatrienedione); Formestane; Letrozole] PPAR-d [GW1516 (Cardarine); GW0742] SERMS [Clomiphene (Clomid); Raloxifene (Evista); Tamoxifen (Nolvadex)]	
<b>Beta-2 Agonists</b>	Bambuterol Formoterol Higenamine	Norcoclaurine Salbutamol Salmeterol

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

Information about ingredients in medications and nutritional/dietary supplements can be obtained by contacting AXIS at 816-474-7321 or [dfsaxis.com](https://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.

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Student's Signature

Date

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Printed Name

---

T-Number



## **REQUIRED TITLE IX AND CRIMINAL CONVICTION DISCLOSURE**

Tennessee Tech is required to have all incoming, continuing, and transfer student-athletes complete an annual disclosure related to any conduct they have engaged in that resulted in a finding of responsibility and/or discipline through a Title IX proceeding or in a criminal conviction for sexual, interpersonal, or other acts of violence.<sup>1</sup> All incoming, continuing, and transfer student-athletes are required to answer the questions below before they can practice or compete at Tennessee Tech.

*Failure to make a full and accurate disclosure could result in penalties, including, but not limited to, loss of eligibility to participate in Tennessee Tech Athletics.*

### **I. Questions relating to past or present Title IX proceedings:**

Title IX prohibits all forms of discrimination on the basis of sex, including sexual harassment and sexual violence. When a student experiences sex discrimination at school, they may file a complaint with their school's Title IX Coordinator, who will investigate the alleged conduct. When appropriate, the responsible student may be subject to discipline, including suspension, expulsion, or probation.

As required by the NCAA, the questions below ask you to disclose whether you have ever been the subject of a Title IX or other campus disciplinary proceeding in which you were found responsible for a violation of a school's policy against sexual violence or of Title IX. In other words, you must disclose whether a complaint was ever filed against you that resulted in disciplinary action. "Discipline" means any action that a school takes in a Title IX or similar campus proceeding after a student has a final finding of responsibility for any form of sexual misconduct.

Please note that if you were the subject of a disciplinary proceeding, but were found innocent or not responsible, you do not need to disclose that information. Additionally, if you have been the victim of sex discrimination or ever filed a Title IX complaint, you do not need to disclose that information here.

If you need support, you can utilize the following confidential or crisis resources:

#### **Confidential Resources**

University Counseling Services	Roaden University Center Room 307 (931) 372-3331
University Health Services	Bell Hall Room 105 (931) 372-3848
University Title IX Office	Derryberry Hall Room 258 (931) 372-6062

#### **Crisis Services**

Campus Security	242 E. 10 <sup>th</sup> Street/Foundation Hall (931) 372-3234
24-hour Local Crisis Intervention Hotline	(855) 206-8997
National Domestic Violence Hotline	(800) 799-7233
24-hour Suicide Prevention Lifeline	(800) 273-8255
24-hour Sexual Assault Hotline	(800) 879-1999

<sup>1</sup> [https://ncaaorg.s3.amazonaws.com/ssi/violence/NCAA\\_CampusSexualViolencePolicy.pdf](https://ncaaorg.s3.amazonaws.com/ssi/violence/NCAA_CampusSexualViolencePolicy.pdf)



**Please note: University staff (who are not confidential resources) are required to report disclosures of discrimination or sexual misconduct to Tennessee Tech's Title IX Office**

Please complete the following questions:

- |  |     |    |
|--|-----|----|
| 1. During high school, were you ever the subject of a Title IX proceeding that resulted in a finding of responsibility and/or disciplinary action?   | Yes | No |
| 2. Have you ever been the subject of a Title IX proceeding at any collegiate institution (whether at TTU or at a prior college or university) that resulted in a finding of responsibility and/or disciplinary action? | Yes | No |
| 3. Are you currently the subject of a Title IX proceeding (whether at your high school or your college or university) that could result in a finding of responsibility and/or discipline?                              | Yes | No |

*For Transfer Students Only:*

- |  |     |    |
|--|-----|----|
| 4. At the time you left your previous college or university, were you the subject of a Title IX investigation that was not completed because you left the institution?   | Yes | No |
| 5. If you have not yet left your college or university, do you anticipate that you will be the subject of such an incomplete investigation at the date of your transfer? | Yes | No |

*If you answered "Yes" to any of the above questions in Section I, please provide a detailed explanation at the end of this questionnaire for each matter including, but not limited to, the conduct that resulted in the Title IX proceeding, the form of discipline to which you were subjected, the timeframe of the incident, the specific policies that were violated, and any relevant case numbers.*

**II. Questions relating to past criminal convictions:**

- |  |     |    |
|--|-----|----|
| 1. Have you ever been convicted of a crime involving any of the following:   |     |    |
| a. Sexual Violence (a term used to include both forcible and nonforcible sex offenses, ranging from sexual battery to rape)?   | Yes | No |
| b. Interpersonal Violence (violence that is predominantly caused due to the relationship between the victim and the perpetrator, including dating and domestic violence)?      | Yes | No |
| c. Other Acts of Violence (crimes including murder, manslaughter, aggravated assault, or any assault that employs the use of a deadly weapon or causes serious bodily injury)? | Yes | No |

*If you answered "Yes" to any of the above questions in Section II, please provide a detailed explanation at the end of this questionnaire of each matter including, but not limited to, the court in which each matter is pending or was adjudicated, the case number, and the date of the filing or disposition.*

Answers to these questions must be provided annually by all student-athletes, even when Tennessee Tech has no independent reason to suspect that the student-athlete may have engaged in conduct that would trigger a Title IX proceeding or result in a criminal investigation or conviction.



Regardless of whether Tennessee Tech has an independent reason to suspect that a student-athlete engaged in conduct that would trigger a Title IX proceeding, or result in a criminal investigation or conviction, the University may choose to conduct an inquiry designed to gather information needed to assess whether such conduct occurred, including, but not limited to, a background check and internet and social media search.

All information provided by the student-athlete and gathered during such an investigation will be kept private to the extent authorized by Tennessee Tech policy and applicable law. "Private" means the information will only be shared with those who have a business need to know for the information in order to comply with the NCAA's, Ohio Valley Conference, or other Institutional Policy.

By initialing the boxes below, you certify:

- \_\_\_\_\_ I have read and understood this form. I understand that if I do not understand anything contained in this form, I can wait to sign it until I have had the opportunity to speak with someone in Tennessee Tech's Department of Athletics or to consult with someone of my own choosing.
- \_\_\_\_\_ All of the answers I provided above are truthful and accurate to the best of my knowledge as of the date I signed this form.
- \_\_\_\_\_ I understand that I have a continuing obligation to report instances of sexual misconduct/violence, interpersonal violence, and other acts of violence (as defined by the NCAA's Policy) that occur after signing this form.
- \_\_\_\_\_ I give Tennessee Tech permission to inquire into any of the matters I have disclosed in this document. I understand if the information contained in my disclosures gives the Department of Athletics reason to believe I have violated Title IX or University policy, the Department will be required to report that information to the University's Office of Title IX for investigation.
- \_\_\_\_\_ I understand whether I answered "Yes" to any of the questions in this form, Tennessee Tech may reach out to any high school, college, or university that I have previously attended to gather information about whether I have been involved in a Title IX proceeding.

\_\_\_\_\_  
**Signature of Student-Athlete or Guardian (for minors)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Student-Athlete**

**Explanations of "Yes" answers to the above questions relating to Title IX proceedings:**



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**Explanations of "Yes" answers to the above questions relating to past criminal convictions:**

**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, 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:

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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.*

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*Student-Athlete Name*

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*Date*

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*Student-Athlete Signature*

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*Parent or Guardian Signature*

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*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.

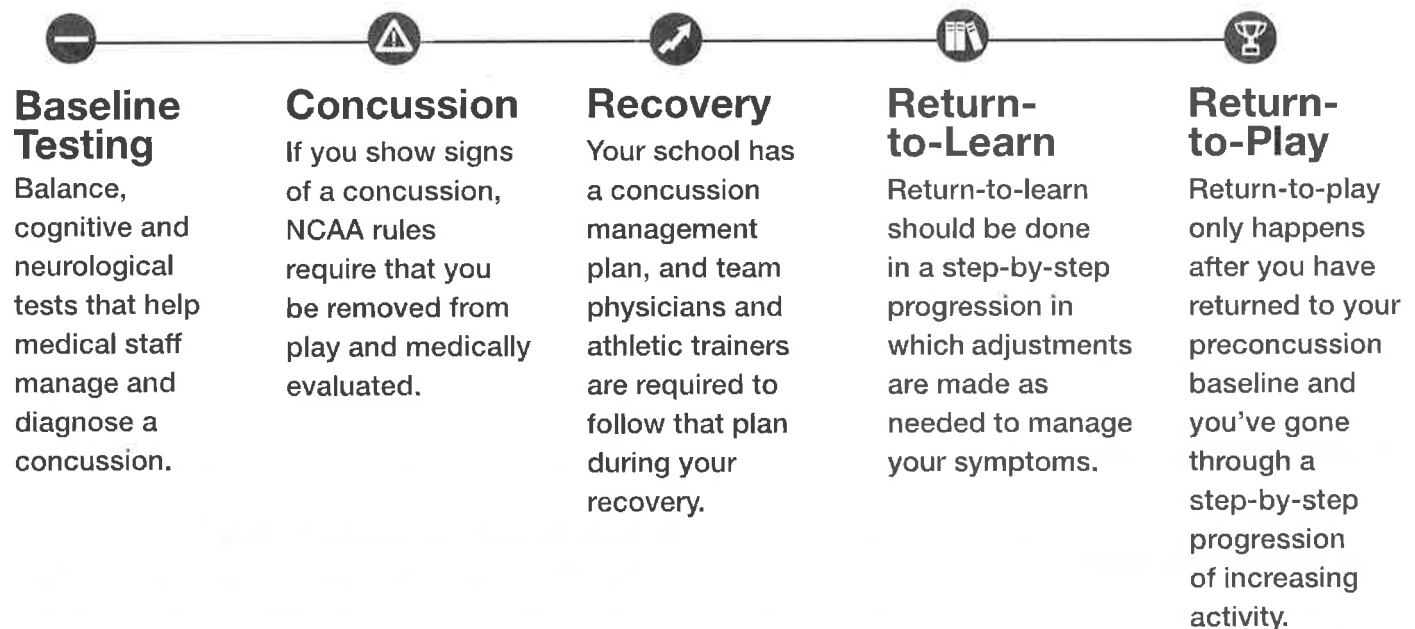
### What do I need to know about repetitive head impacts?

- 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](http://ncaa.org/concussion).

## CONCUSSION TIMELINE



## NIL Policies

### WHAT ARE NAME, IMAGE AND LIKENESS ACTIVITIES?

When you receive any kind of compensation (cash, product, gifts, etc.) for the use of your name, image and likeness to promote the commercial endeavors of any entity/business/enterprise (including media). This can be in-person appearance, social media posts, media appearances and any kind of digital/printed materials.

#### Can I use my NIL to receive compensation?

Yes—provided you follow all applicable Tennessee Tech policies and State of Tennessee legislation as it relates to NIL.

#### What Tennessee Tech marks can I use?

You cannot use any TTU logos, marks or identifiers in NIL activities.

#### What can I wear during NIL activities?

You cannot wear anything with TTU logos, marks or identifiers (no TTU gear).

#### What can I say?

You cannot use any official TTU phrases in NIL activities. Avoid using cheers and slogans you would hear fans cheering at events (NO “WINGS UP”).

#### Where can I perform NIL activities?

You cannot use any Tennessee Tech facility unless you pay the going rental rate and secure permission.

#### What can I post?

You cannot use content (photo, video, audio) provided by TTU (to include athletics employees) or featuring TTU marks, in NIL activities.

#### Can I sell memorabilia?

You cannot sell team-issued gear or items (unless YOU purchased them) until you exhaust your eligibility.

#### What do I have to disclose?

You must disclose who is compensating you, what NIL activities you are providing (appearance, social media posts, etc.) and how much compensation (or what kind of compensation) you are receiving. Be prepared to provide contact information for all individuals involved and proof of your activities and compensation.

**NIL ACTIVITIES MUST BE APPROVED BY COMPLIANCE BEFORE YOU BEGIN PARTICIPATION!**

### **Who can compensate me?**

You cannot receive compensation from TTU or TTU staff for NIL activities nor can they help arrange NIL agreements/opportunities for you! You may be prohibited from participating in NIL activities based on the type of entity it is—prior approval from Compliance is a **MUST!**

### **How much can I be compensated?**

Any payment received must be for work actually performed at the going market rate.

### **How can I be compensated?**

There are different ways you can be compensated—cash, check, digital credits, gift cards, free products or services, paid travel, meals or more.

### **What can I be compensated for?**

Reasonable requests, except for performance in your sport or in exchange for attending Tennessee Tech.

### **Will my NIL activities be monitored?**

Yes—this is done to ensure you are in compliance and protect your athletic ability!

### **Can I use an agent?**

You can use an agent or third party to get advice, representation and marketing support for your NIL activities as long as they aren't representing you for professional opportunities, Agents must be registered with the State of TN and TTU Compliance.

### **Can agents give me special rates?**

You cannot receive special rates (including free) from professional service providers due to your athletics ability—this would be an **EXTRA BENEFIT!**

### **When can I perform NIL activities?**

Anytime that does not require you miss class or other academic obligations (study hall, tutoring, etc.) or required team activities (practice, competition, weights, etc.).

### **Which NIL activities are prohibited?**

You cannot participate in NIL activities that conflict with Tennessee state law, which includes sports gambling, adult entertainment, tobacco or nicotine products and alcohol or alcohol distributors. You also may not participate in any NIL activities that conflict with Tennessee Tech agreements, which can include athletic gear and soft drinks, or other colleges or universities. **CHECK WITH COMPLIANCE!**