



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 2024-25.
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 2024-25 _____

Sport(s) _____

If different than above, institution attended in academic year 2023-24.

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 to be eligible to participate in intercollegiate competition.

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 (or designee).

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.

PART I: GENERAL STATEMENT CONCERNING ELIGIBILITY.

I affirm the following:

1. My current institution identified above has provided me with education about NCAA rules as they relate to my eligibility to participate in intercollegiate athletics, and I had the opportunity to ask questions.
 2. I understand the application of the Division I rules 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.

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 2024-25 Drug-Testing Consent Form (Form 24-1b). 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, 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.

*

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 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.

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

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

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

PART X: STUDENT-ATHLETE SIGNATURE.

I agree that I have had an adequate opportunity to read the entire content of this Student-Athlete Statement and to discuss the same and any questions I have with my director of athletics and/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 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): _____

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 12.7.3.1. 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.

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 [NCAA Banned Drugs List](#)). 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 axis.drugfreesport.com (Password: ncaa1) 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 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.
3. A student-athlete who tests positive a second time for the use of any drug other than 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 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.
 4. 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.
 5. 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).
 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 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.

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

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)

**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



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.¹ 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 th 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

¹ 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:



Explanations of “Yes” answers to the above questions relating to past criminal convictions:



SPORT SCIENCE
INSTITUTE™



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.

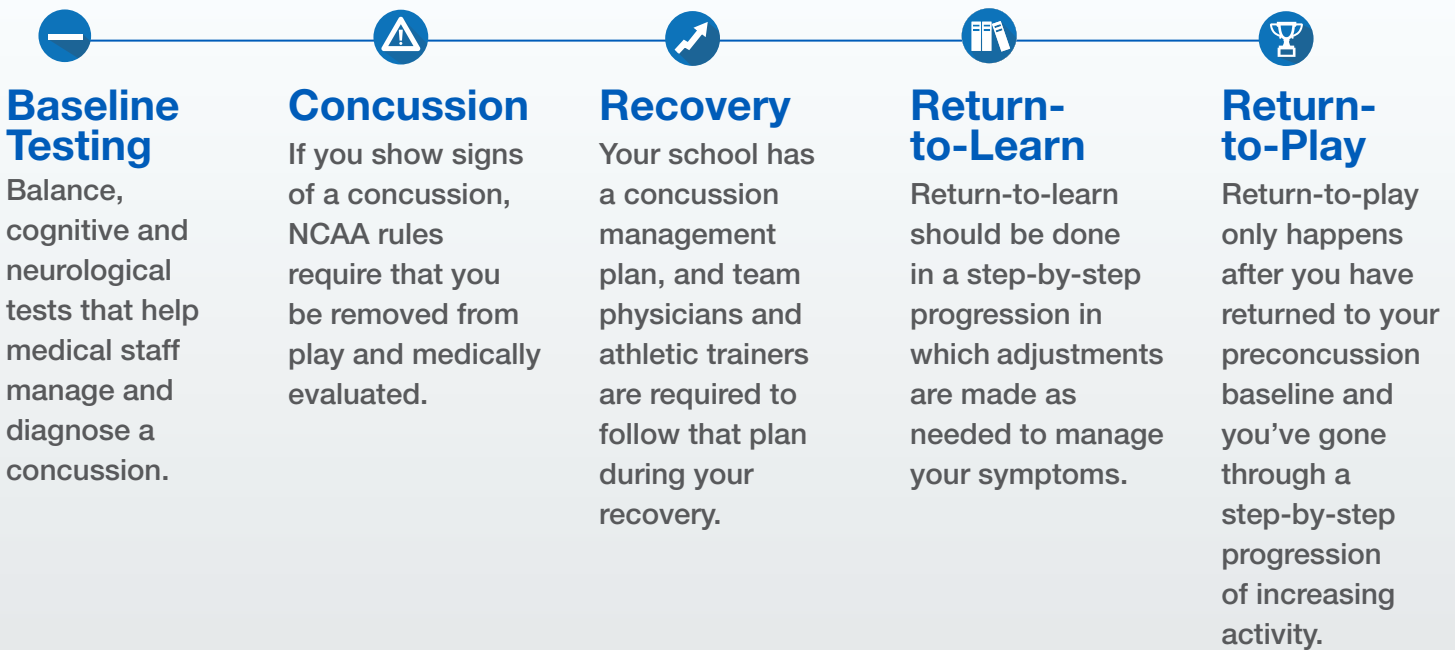
What do I need to know about repetitive head impacts?

- 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



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

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 in accordance with the Bylaw 10.6 penalty guidelines or as deemed appropriate by the conference commissioner.

Signed: _____

Print Name: _____

Date: _____



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