



Dear Student-Athlete,

Welcome to Paul D. Camp Community College! We're glad you're here, and we're committed to your academic and athletic success.

By choosing to attend PDCCC, you're joining a community that values excellence in teaching and learning. We are dedicated to helping you achieve your goals, in the classroom and in your chosen sport.

Paul D. Camp Community College is starting a new tradition of athletic success, which complements our excellence in academics. PDCCC student-athletes will go on to become professional athletes, business owners, engineers, educators, health professionals, executives, public servants, and community leaders.

As a student-athlete, you have many opportunities to succeed at PDCCC. You are encouraged to take an active role in your success and utilize the resources available to you. Our goal is to provide each and every one of you the opportunity to graduate and win a championship. Our staff is committed to helping you reach your goals.

As a proud representative of the Paul D. Camp Community College athletics department, we have high expectations of you, both on and off the competition field or court. You are expected to conduct yourself in a manner that positively reflects the College, Region X, and the National Junior College Athletic Association.

This handbook outlines many of the department's expectations of you, and the obligations and opportunities you'll face in your role as a Paul D. Camp Community College student-athlete. Remember, we are here to help in any and every way we can. If you are having difficulty in any area, please reach out for assistance.

Good luck in the upcoming academic and athletic seasons. We look forward to following you and celebrating your successes throughout the year.

Sincerely,

*David Mitchell & Carrie Hoefft*

## **Paul D. Camp Community College Student Athlete Handbook**

### **Athletics Mission Statement:**

Paul D. Camp Community College athletics is dedicated to promoting outstanding commitment to student-athletes, both on and off the playing field. Each individual understands the importance of academics, athletics, personality, commitment, and representation. PDCCC understands the needs of each student-athlete and helps each of them in reaching their highest goals and expectations.

### **Getting Started Checklist:**

Apply on line: [www.pdc.edu](http://www.pdc.edu)

Complete the VPT (Virginia Placement Test) if necessary

Meet with an Admission Specialist/Counselor

Meet with student support services (STEPS and TRIO)

Meet with Financial Aid

Register for Classes

Pay any remaining balances

Attend New Student Orientation

### **Academic Success and Common Practices:**

- Make good choices.
- Just like practicing for your sport; repetition is learning and daily preparation is key.
- Go to class and be prepared.
- Survey the expectations of the assignment so when you are doing the assignment you have a focus.
- Manage your day to include study time.
- Get help quickly- from your coach, instructor, or set up for tutoring, etc.
- Understand the importance of listening.
- Review or even rewrite and organize lecture notes after class while content is fresh on your mind.
- Highlight areas of importance after you have the big picture – identify what the instructor is asking.
- Review often, not just right before a test/exam.

### **Goals for Our Student-athletes:**

1. Student Achievement and Success through Athletics
2. Community Engagement and Enrichment
3. Encouragement of Effective Teamwork and Leadership

**Player Eligibility:**

- All student-athlete eligibility is determined by the NJCAA and its Case Book:
  - o Must maintain and pass 12 credit hours each semester
  - o Must maintain a 1.75 GPA (FR) and or 2.0 GPA (SO)
  - o All proper transcripts and paperwork must be completed

**Drug and Alcohol Policy:**

- All illegal drugs are strictly prohibited
- Alcohol consumption is prohibited for all student-athletes under the age of 21
- Individual team policies will also be enforced

**Meal Money:**

- The department has control over how much and when meal money will be distributed to players.

**Travel:**

- All bus/van rules and regulations must be adhered
- Teams are to maintain the cleanliness of vans and buses during all trips, making sure they are clean upon return
- Players are to act in a professional manner while representing PDCCC during all periods of travel
- Hotel accommodations are paid for by the department for all team members traveling
- If you do not travel with the team for a particular reason, then you are responsible for all damages or injuries during such travel

**Equipment and Uniforms:**

- All athletes are responsible for the cleaning and maintaining of all uniforms and equipment issued to them during the course of a season. Some of our most costly items may shrink, fade, or bleed color if washed in hot water. In addition, our logos, numbers, and screens may crack and peel off if temperature settings for washing and drying are too hot. Therefore, do not wash uniforms in hot water and avoid drying on hot temperature settings. Please wash uniforms in cold water and hang to dry. Be sure to read the tags on the cloth for washing and drying instructions. When in doubt, speak to the coach before laundering uniforms. If the uniform needs to be replaced, the athlete will be expected to pay for the replacement item.
- If lost or stolen, you are responsible for this equipment

**Facilities:**

- Players are expected to respect all athletic facilities

#### **Personal Health Care:**

- In the case of an emergency call 911 or contact Southampton Memorial Hospital
- In case of minor illness you can contact the local Urgent Care

#### **Drug Testing:**

- Student-athletes are subject to drug testing at any time
- These tests are administered by the campus safety coordinator

#### **Inclement Weather Policy:**

- If school is cancelled for inclement weather, then travel is not permitted for athletic teams
- The school also will not host any games or events if school is closed for inclement weather

#### **Team Policies:**

- Coaches will create and enforce any and all team rules
- These rules are to be adhered to during all times

#### **Living Quarters:**

- Each player is responsible for his or her own living expenses and needs
- Local apartments can viewed online

#### **Apparel Packages:**

- Student-athletes are responsible for the purchase of their apparel packages
- This apparel is their personal property, but must be respected with PDCCC representation

#### **Academics, Attendance, and Study Hall:**

- Students are to understand that academics come first
- Study Hall will be mandatory and managed by a member of the coaching staff and or Athletic Director
- Students are expected to attend class the next day no matter what time they return from an away event.
- In the case of illness or serious problem, then you are to email all of your instructors immediately and let them know, as well as copy your head coach

#### **Community Involvement:**

- Each team and every player is required to complete one community service related event during the year. (Example: Day with the Boys and Girls Club, local high school team, or any such activity)

**Sportsmanship:**

- PDCCC athletes, coaches and the parents represent the community college. Athletes and parents must be courteous to visiting teams and officials. Athletes must be modest in victory and gracious in defeat. Athletes and their parents are expected to respect the integrity and judgment of officials and accept their decisions without question. Remember that some “bad calls” will favor the Hurricanes and some will go against the Hurricanes; however, we expect only positive encouragement from parents and spectators

**Media Interviews:**

- All student-athletes must act respectful and courteous toward members of the media at all times
  - o Players are required to grant all post-game interview requests unless excused by your head coach
  - o During non-game situations, players should not grant interview requests unless they’ve been approved by your coach, SID, or AD

### Consent to Treatment of Student-Athlete

I, \_\_\_\_\_ Do hereby authorize the licensed athletic trainer, coach or school representative on my behalf, to consent to any medical treatment deemed necessary by any licensed physician / surgeon in the event of illness or injury to the above named.

This consent to treat is intended to cover any illness or injury sustained while participating in any school athletic competition or practice, on or off campus, and while traveling to and from the event.

I understand that this authorization is given in advance of any specific diagnosis and resulting treatment or hospital care required.

This authorization is given to provide the aforesaid agent(s) the power to give specific consent to all such diagnosis and resulting treatment or hospital care deemed advisable by the aforementioned physician / surgeon in the event the parents / guardians or emergency contacts are not able to be reached.

I hereby authorize any hospital, which has provided treatment to the above named student to surrender custody of that student to the athletic trainer or school representative upon completion of treatment.

These authorizations shall remain effective until the end of the school year.

Student-Athlete Signature\_\_\_\_\_

Date\_\_\_\_\_

Parent / Guardian Signature\_\_\_\_\_

Date\_\_\_\_\_

(If student-athlete is under 18 years)

## Emergency Information Form

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Athletes Home Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PRIVATE (PRIMARY) INSURANCE Insurance Co. Name

\_\_\_\_\_

Phone \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_ Other # \_\_\_\_\_

My son / daughter is covered by the above insurance policy: \_\_\_\_\_ Yes \_\_\_\_\_ No

Known Allergies (latex, drug, food, insect, etc...) \_\_\_\_\_

Special Medical Problems

\_\_\_\_\_

Medications (inhaler, insulin, etc...) \_\_\_\_\_

## Athletic Code of Conduct

Paul D. Camp Community College subscribes to the philosophy that it is every student's personal responsibility to portray a professional and mature level of behavior while on campus and within the college community. The college and the athletic department seek to maintain high standards regarding student behaviors by imposing disciplinary actions in a consistent and equitable manner.

I understand that in order to be eligible for intercollegiate athletic competition at Paul D. Camp Community College, I must abide by all team rules and the policies and procedures outlined in the Paul D. Camp Community College Athletic Handbook, including Athletic Eligibility, Academic Success, and Student Athlete Responsibilities.

I further acknowledge that these rules are subject to change over time. I have completely read and fully understand the guidelines in the Paul D. Camp Community College Athletic Handbook.

I understand that I may be removed from my respective Paul D. Camp Community College athletic team and that I may lose athletic financial aid and/or scholarship funds if I violate any of the policies, code of conduct, and/or rules and regulations in the Athletic Student Handbook.

The athletic coach will be responsible for determining the nature of any offense of this Code of Conduct and assign the disciplinary action.

Player Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Coach Signature \_\_\_\_\_

Date \_\_\_\_\_

Player Signature \_\_\_\_\_

Date \_\_\_\_\_

Athletic Director Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name Parent or Guardian

\_\_\_\_\_

Signature of Parent / Guardian

\_\_\_\_\_

Date \_\_\_\_\_





### **Athlete's Consent to Drug and Alcohol Testing**

1. I acknowledge that I am a participant in the Paul D. Camp Community College athletic program and that, as such, I represent the College.
2. I acknowledge that the College has a legitimate interest in ensuring that its students and representatives comply with College and Athletic Department rules and regulations. I acknowledge that the College has a legitimate interest in the health, safety, and well-being of its students, in the prevention of substance abuse, and the promotion of a healthy lifestyle and responsible decision-making by students.
3. I acknowledge that I have read the policies and regulations of the Paul D. Camp Community College Athletic Handbook concerning the College's Drug & Alcohol Policy and agree to abide by its terms. I understand and agree to the sanctions (consequences) for violating the Drug and Alcohol Policy and for failing to comply with its procedures.
4. I voluntarily consent to be tested by the Paul D. Camp Community College for the banned substances listed in the Paul D. Camp Community College Athletic Handbook. I understand that I may refuse to sign this consent form, but, as a consequence, I may be excluded from participating in the athletic program.
5. I understand and agree that the testing may occur on a random, unannounced basis but that it also may occur if the coaching staff, athletic trainers, team physicians, or other authorized persons have a reasonable suspicion that I have violated the Drug and Alcohol Policy. I agree and understand that, when notified that I have been selected for testing, that I will appear at the designated time and location and provide a urine sample. I agree and understand that the collection of my urine sample may be observed by a person of my same gender. I further agree that, if I refuse a scheduled drug test, the penalty will be the same as the penalty for testing positive for a banned substance.
6. I understand and agree that Paul D. Camp Community College's testing program includes, but is not limited to, the following substances: marijuana, heroin, cocaine, opiates, methamphetamines, amphetamines, stimulants, anabolic agents, alcohol and beta blockers, diuretics and other masking agents, street drugs, peptide hormones and analogues, and anti-estrogens and Beta-2 agonists.
7. I understand and agree that a positive drug screen could result in suspension, removal from the team, termination of an athletic scholarship, and other penalties as may be specified in the Athletic Handbook.
8. I understand and agree that some dietary supplements and other lawful substances may cause a positive drug test result. It is the student's responsibility to check with an appropriate member of the athletics staff before using any such substances. Any product containing a dietary supplement is taken at the student's own risk.
9. I understand that my test results generally will be treated as confidential student information.

However, I authorize disclosure of my test results to those who may have a legitimate educational interest in the information, including, but not limited to, the Board of Trustees, College Chancellor, Vice Chancellor, Provost, Chairperson of Counseling, Athletic Director, Head Coach, Athletic Physician and/or Trainer, and the student's parents/guardians if the student is under 18 years of age.

I have read this entire consent form, understand it, and voluntarily sign it.

Player Name [print] \_\_\_\_\_

Player Signature \_\_\_\_\_

Date \_\_\_\_\_

(if student is under 18)

Parent/Guardian [print] \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Receipt Acknowledged: \_\_\_\_\_

Paul D. Camp Community College representative \_\_\_\_\_

Date \_\_\_\_\_

## Student-Athlete Contract

I \_\_\_\_\_ assume the following responsibilities and understand the following rules and regulations as a member of the PDCCC Athletic Department.

- I give permission to the PDCCC Administration to release my academic records to other institutions of higher education as well as my parents/legal guardians. I understand that I may revoke this permission at any time.
- I understand that I can be removed from an athletic team for any illegal activity. (ex: drugs, alcohol, violence, etc.)
- I am responsible for my academic record. (Instructors and advisors are responsible to help me along the way; however, my grades are dependent upon my efforts to succeed.)
- I will follow all team rules set forth by my coaching staff.
- I understand that electronic posting or communication that disrupts either the educational or athletic environment, which advocates the violation of any school or team policy, or attacks students, teams, coaches, or officials is unacceptable. These would include, but not limited to: the consumption of alcohol and/or the use of illicit drugs; inappropriate sexually-oriented material; activities involving bullying, hazing or intimidation; speaking ill of teammates or opponents, officials, or coaches. Violation of this policy may result in disciplinary action up to and including removal from the athletic program.
- Study hall is mandatory and the following applies to all student athletes: sophomore 2.99 or < has 4 hours/ week. Sophomore with > 2.99 is exempt. All freshmen have 4 hours/ week. Study hall will be held in the Library under a sign in/sign out system.
- I am responsible for my class attendance and repeated absences are subject to team dismissal.
- Disrespect of college officials will not be tolerated.
- I will respect all school property. (Equipment, transportation, facilities, etc.)
- The Honor code is in effect for all course work and I will follow it at all times.
- I understand that developmental courses will not transfer to four-year schools, nor count towards graduation requirements.
- I will return all equipment/school property at the end of the season. If not, I will be billed for the balances and/or a collection agency will be notified for this amount.
- I understand that the Athletic Department holds the right to issue a drug test at any time.
- I will represent my athletic team and school with proper dress, conduct, and presentation at all times.

Personal Information

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Coach's Signature \_\_\_\_\_

Date \_\_\_\_\_

|

## ATHLETIC ASSUMPTION OF THE RISK FORM

I agree that as a participant in the \_\_\_\_\_ athletic program at Paul D. Camp Community College, I am responsible for my own behavior and well-being. I acknowledge that I have been informed of the general nature of the \_\_\_\_\_ athletic program, and I understand that it may involve risks to my personal safety. Unless otherwise rescheduled, this program's activities will begin on or about \_\_\_\_\_ (date/semester/season) and end \_\_\_\_\_ (date/semester/season).

Participation in this athletic program may contribute to, or result in, the loss of, or damage to, personal equipment and accidental injury, illness, or in extreme cases, personal trauma or death. Risks during participation in this program include, but are not limited to, getting hit and/or hurt by teammates and other participants in practices and games, getting cut and bruised, tearing ligaments, breaking bones, and experiencing head injury or trauma.

I understand that in the event of accident or injury personal judgment may be required by program personnel regarding what actions should or must be taken on my behalf. Nevertheless, I acknowledge that the College personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all the College's rules applicable to this athletic program; and, I will take responsibility for abiding by specific requests made of me for my safety, the safety of others, or the welfare of any general interests concerning the athletic program. I understand that the College reserves the right to exclude my participation in this athletic program if at any time my participation or behavior is deemed detrimental to the safety and welfare of others.

Therefore, in consideration for being permitted to participate in this activity on my own initiative, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of, my property which may occur as a result of my participation in this activity or arising out of my participation in this activity, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the College. I understand that this Assumption of Risk form will remain in effect during my participation in this athletic program, unless a specific revocation of this document is filed in writing with the (Athletic Director/other College administrator), at which time my participation in this athletic program will cease.

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

In case an emergency situation arises, please contact \_\_\_\_\_ (name) at \_\_\_\_\_ (phone number).

I represent that I am 18 years of age or older and legally capable of entering into this agreement.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

If participant is less than 18 years of age, the following section must be completed:

\_\_\_\_\_ My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this program and agree to be responsible for his/her behavior during his/her participation in this program.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent's or guardian's signature

\_\_\_\_\_  
Date