

In order for UVSC students to be cleared for athletic practice and competition this packet must be filled out in its entirety. **Parents signatures are REQUIRED.** If the student has his/her own insurance policy **and** is over the age of 18, parent/guardian signatures are not required.

It is recommended that you fill out this packet online and then print it; however you may also print out the packet and fill it in by hand. If filling the form out online please be sure to click the "Highlight Fields" button in the top right of the toolbar, so that you do not skip any of the needed information. You cannot save the forms online.

When done, please print off the packet and initial and sign this coversheet and the individual forms as appropriate.

Student	Parent/Guardian	
Initials		<b>Part 1:</b> The information in Part 1 of this packet is accurate and self-disclosed.
Initials		<b>Part 2:</b> I voluntarily self-disclose the medical information contained in the Emergency Contact form.
Initials	Initials	<b>Part 3:</b> I certify that the information provided above identifying any vehicle owned or operated by my son/daughter is accurate and that the use of this vehicle does not violate NCAA legislation.
Initials	Initials	<b>Part 4:</b> I have read, agree to and understand the terms of the Emergency Medical Release section. Additionally, I have read, agree to and understand the extent of UVSC liability in the event of injury/accident as expressed in the Injury and Liability Report.
Initials	Initials	<b>Part 5:</b> I have read and understand the UVSC Athletics Drug & Alcohol policy. I have also read and <b>signed</b> the UVSC Drug Testing Consent and Release of Liability form.
Initials	Initials	<b>Part 6:</b> I have read, understand and agree to the terms in the Utah Valley State Athletic Department Health Insurance Policy and Insurance Summary.
Parents	Own/Spouse	Who is the primary policy holder on your medical insurance?

By signing below I agree that all information in this packet is correct. I agree to the terms outlined in the individual forms of this packet according to my initials above.

Name: Last, First, Maiden/MiddleStudent SignatureDateParent/Guardian Print NameParent/Guardian SignatureDate

UVSC Athletics 2007-2008

				Date:	
Sport:	Social Security No			UV ID:	
Name:(First)		(Middle	e)	(La	
Local Address: (address)	while attending school)	× ·	,	× ×	
(Street	Address)	(City)		(State)	(Zip)
Local Phone:		Email Addres	s:		
Birth Date:(MM/I	DD/YY)	H. S. Graduat	ion Date:	( MN	1/DD/YY)
	□African American □ Alaskan			☐Male ☐Fe	
	<ul> <li>Alaskan</li> <li>Asian/Pacific Islander</li> <li>Caucasian</li> <li>Hispanic</li> <li>Native American</li> <li>Other</li> </ul>	Academic		Year: □Fr □S ar: □Fr □S	
Father's Name:			Mother's	Name:	
Address:			Address:		
Home Phone:			Home Ph	one:	
Email Address:			Email Ad		
Is this your permanent ad Is this your summer addres If no, please leave summe	s? Tes		Is this yo	ur permanent addı ur summer addres ave summer addre	s? $\Box$ Yes $\Box$ No
Returning UVSC Student New UVSC Student-Athl Transfer Student-Athlete	lete	ked, please fill d, both 2-year		formation on all pr	rior institutions
College/University		Dates Attende	ed	Participate	d in Sport (List)

Part 1

Home Phone       Cell Phone       Work Phone       Email         2)	Student Home Address       City, State       Zip Code         Emergency Contact Info       1       Image: Contact Info         1)       Emergency Contact Name       Relation         Home Phone       Cell Phone       Work Phone         2)       Emergency Contact Name       Relation         Home Phone       Cell Phone       Work Phone       Email         2)       Emergency Contact Name       Relation       Place of Employment         Home Phone       Cell Phone       Work Phone       Email         Medical Info       Regular Medication:	Student Home Address       City, State       Zip Code         Emergency Contact Info       1       Place of Employment         1       Emergency Contact Name       Relation       Place of Employment         Home Phone       Cell Phone       Work Phone       Email         2)       Emergency Contact Name       Relation       Place of Employment         Home Phone       Cell Phone       Work Phone       Email         2)       Emergency Contact Name       Relation       Place of Employment         Home Phone       Cell Phone       Work Phone       Email         Medical Info       Regular Medication:				
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Medical Info Regular Medication: Food/Drug Allergies:	Medical Info Regular Medication: Food/Drug Allergies:	Medical Info Regular Medication:	2) Emergency Contact N	lame	Relation	Place of Employment
Regular Medication:	Regular Medication:	Regular Medication:	Home Phone	Cell Phone	Work Phone	Email

# Automobile Information Form



Utah Valley State

**Student-Athlete:** This form, to be completed and signed by you, details your information at Utah Valley State. An updated version of this form must be on file in Compliance Office. If your automobile information changes at anytime, you must this form immediately.

Name:	Sport:
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1.	Do you have use of (regular possession regardless of ownership) any automobile during YES NO the current academic year? (If you answered Yes to question 1, fill out questions 2 to 5. If not skip to question 5)				
	Do you occasionally borrow an automobile? YES NO				
	If yes, is this individual a Utah Valley State College student? YES NO				
	If you borrow an automobile from someone other than a fellow student, please identify this individual below and your relationship with him/her: Name:				
2.	Auto Description: (if applicable)				
	A. Year: Make & Model: Color:				
	B. License Plate Number, State of Registration:				
3.	Ownership and Purchase Information:				
	A. Name of individual(s) who own(s) this automobile:				
	B. What is the relationship of this individual to you:				
	C. If you own this auto, did anyone assist you in purchasing it? If so, by whom?				
	D. To the best of your knowledge, is the individual who assisted you in purchasing this				
	automobile a UVSC Alumnus, representative, booster, or staff member? YES NO				
	E. Purchase Price:				

F. Source of Funds:\_\_\_\_\_\_ (Ex: loan, lease, savings, parents, etc.)

4.	<b>Financing Information</b> : A. Is there any outstanding loan on the auto? YES NO
	B. Is there an outstanding lease on the auto? YES NO
	If yes, who is the owner of the vehicle?
	C. Identify any co-signer or guarantor:
	D. What is the name of the dealership or individual from which you purchased this automobile?
5.	<b>Certification:</b> By signing this document below, I certify that:
	a. The information provided above is accurate and truthful. I also understand that failure to provide accurate and truthful information could result in the loss of my eligibility to compete in intercollegiate athletics.
	b. To the best of my knowledge, my use of the vehicle identified above, does not violate

- b. To the best of my knowledge, my use of the vehicle identified above, does not violate the NCAA extra benefits legislation.
- c. I have had an opportunity to ask the Compliance Office any questions pertinent to the
- d. INFAR statistic hay of the a new form immediately, should I obtain
- <sup>an</sup> automobile, or one different than listed on this form. I know that I can obtain this form via the athletic department website and file the form with the compliance office

at any time.

Signature of Student-Athlete

Date

## PLEASE RETURN COMPLETED FORM TO:

UVSC Athletics Director of Compliance 800 West University Parkway Orem, UT 84058-5999 Tel: 801.863.8726 Fax: 801.863.8813

Revised 5/2006 - CO

Part 3

## Emergency Medical Release UVSC Athletics 2007-2008

In the event of a medical emergency and I am unable to physically or verbally give my permission to be transported and treated by emergency personnel, I authorize the assigned medical staff and/ or the athletic staff of intercollegiate athletics at Utah Valley State to see that my emergency medical needs are met. I agree to be transported to the nearest medical facility for emergency care.

## **Injury and Liability Report**

I understand that I must report any athletic related injury or illness to the athletic training staff immediately and within 60 days from the initial date of injury.

I understand that any medical expenses incurred by me will always be billed to my Primary Insurance first. I also understand that Utah Valley State and/or the Athletics Department will provide secondary coverage for the balance due after my Primary Insurance has been paid in full, according to the guidelines in the UVSC Athletic Department Health Insurance Policy and Insurance Summary.

The Athletic Department will pay benefits after S-A primary insurance deductible is met for 2 years/104 weeks from the date of my athletic injury or illness. I further understand that I will need to complete any and all treatment that is necessary during this 2 years/104 weeks time period.

At the end of the 2 years/104 weeks coverage period, UVSC will be absolved from any further financial responsibility for my athletic injury or illness. I fully understand and will abide by the terms and conditions as state above.

## UVSC Drug Testing Consent and Release of Liability UVSC Athletics 2007-2008

I consent to the Utah Valley State Athletics Department Drug Testing Policy and I understand that according to this policy I am required to submit a sample or samples of urine for chemical analysis during the duration of my involvement in athletics at UVSC. I understand that these analyses will be conducted by a testing laboratory with qualified laboratory personnel. A documented chain of specimen custody exists to ensure the identity and integrity of my sample(s) throughout the testing and collection process.

The purpose of these analyses is to determine or rule out the presence of non-prescribed and/or illegal controlled substances in my urine.

I further authorize the liaison officer (Head Athletic Trainer) who is responsible for conducting analysis testing for this program to make a confidential release of the results of the testing to the Team Physician of the Utah Valley State Athletics Department, Utah Valley State Drug Counselor, Head Coach of any intercollegiate sport which I am a team member and the Director of Athletics or his/her designated representative. To the extent set forth in this document, I waive any privilege I might have in the connection of such information.

I consent freely and voluntarily to this requirement for a urine specimen(s). I hereby and herewith release the College, the Athletic Department, and the testing laboratory, their employees, agents, and contractors from any liability whatsoever arising from this request to furnish the urine sample(s) and decisions made concerning my athletic participation or continued athletic participation based upon the results of these analyses.

Name (print)	Sport		
Student-Athlete's Signature	Date		
Signature of Parent (if Student-athlete is a mind	or)	Date	

# **Drug & Alcohol Policy**

Utah Valley State Athletics

#### I. ATHLETIC DRUG POLICY

All student-athletes at Utah Valley State College are required to adhere to this drug policy. The purpose of this policy is to protect the health and welfare of the student-athletes and to promote a drug free athletic environment. This will be accomplished through education programs, drug testing, and appropriate treatment and response.

## II. PURPOSES OF THE DRUG POLICY

The primary reason for the Drug Policy at UVSC is the well being of the student-athlete. The intention of this program is not to punish but to educate and treat individuals with drug problems. This will reduce health threats to student-athletes and promote the fairness of competition in compliance with NCAA policies regarding drug abuse.

#### **III. EDUCATION**

Utah Valley State College will provide educational programs every semester to alert studentathletes of the health risks and dangers associated with drug use/abuse. Student-athletes are required to participate in at least one program every semester.

#### IV. DRUG SCREENING

## A. Administrators of the Drug Screening Program

Intercollegiate Athletics Sports Medicine Department will perform all drug testing with qualified personnel.

## **B.** Notification and Consent

All student-athletes will be notified of when and where drug tests will be performed, although tests will be performed randomly. All student-athletes must read and sign a drug testing consent form every year in order to be eligible for NCAA Division I athletics. Any student not willing to read and sign a consent form will be considered ineligible for participation in UVSC Athletics.

## C. Confidentiality of Test Results

All information and records associated with the UVSC drug testing policy, including test results, will remain confidential and, unless otherwise required by law, will be released only to the following persons:

- 1. Team physician(s) and appropriate Student Health Center personnel.
- 2. Director of Athletics.
- 3. Senior Associate Athletic Director.
- 4. Head Athletic Director.
- 5. Head Coach and Assistant Coach.
- 6. Counseling and Consultation and/or outside entity under contract to Utah Valley State College Athletics and/or Sports Medicine.
- 7. Office of General Counsel.
- 8. Hearing Office, if an appeal is requested.
- 9. Other UVSC employees, as necessary to implement this policy.
- 10. Parent or Guardian.

## D. Drugs for Which the Screening will be Conducted

The NCAA constantly updates the list of all banned substances/supplements. Please refer to your Drug Testing Consent form attachment for a list of all banned substances/supplements. You may also refer to the NCAA's website, <u>www.ncaa.org/health-safety</u>, for a complete up to date list of all banned substances.

Please Note: "All nutritional/dietary supplements carry some risk of containing an NCAA banned substance because they are not well regulated and may be contaminated. Failure to check out a supplement with your sports medicine staff prior to use may result in a failed appeal for a positive drug test. Ultimately, student-athletes are responsible for any thing they ingest."

## E. Frequency of Screening

## Includes Tests by UVSC, NCAA, and Other Organizations

For testing administered by or on behalf of UVSC, Intercollegiate Athletics Sports Medicine Department personnel will notify students and head coaches of scheduled drug testing dates and times. Student-athletes are subject to the following types of testing:

- New student-athlete testing
- Random testing
- Reasonable suspicion testing
- Post-accident testing
- Return to play testing
- Follow-up testing

Testing may occur throughout the calendar year, including during the summer. Intercollegiate Athletics Sports Medicine Department may also test students based upon just cause or reasonable suspicion so that drug testing may produce evidence of drug use.

## F. Specimen Collection

## For Tests Conducted on Behalf of UVSC

Intercollegiate Athletics Sports Medicine Department or an outside company under contract with the college will supervise the collection, screening, and analysis of a urine sample from the student-athlete; **this will be an observed collection.** At the time of collection, all samples will be screened for a specific gravity level. If a sample does not meet the required level of specific gravity, the student will be required to remain in the drug testing area until an adequate sample can be obtained, or until released by Intercollegiate Athletics Sports Medicine Department personnel. If the sample meets required specific gravity levels according to methods available at the time of collection, but does not meet those standards upon laboratory analysis, the sample may be tested for diuretics. Specific specimen collection procedures are to be followed.

Each urine sample will be analyzed for the presence of banned substances and is the property of UVSC. Any time a student receives a positive result, the student will be subject to the consequences outlined below. The student will be responsible for obtaining necessary signatures on a routing form provided by the director for academic and student services to demonstrate that required meetings have occurred.

UVSC bans the use of substances and methods that alter the integrity or validity of urine samples provided during drug testing. Examples of banned methods are catheterization, urine substitution, and tampering with or modification or renal excretion by the use of diuretics, probenecid, bromantan or related compounds, and epitestosterone administration.

## V. DESIGNATED COUNSELING PROGRAMS

UVSC encourages students to seek assistance for problem drug and alcohol use. All studentathletes testing positive will be required to attend counseling at the college's Wellness Education center. They will be enrolled in the college's Alcohol and Substance Abuse Program and be required to complete the program. The student-athlete may also complete an Alcohol and Substance Abuse Program of their choice if the Head Athletic Trainer or other has approved the alternate Substance Abuse Program. Although the student-athlete may enroll in another program, the student-athlete and not the college or any of its affiliates will cover the total cost of that program. The length of the program will be determined by the Head Athletic Trainer or other as designated. Additional information, literature, and confidential counseling are available to students through Student Health and Counseling and Consultation.

## **VI. SANCTIONS & APPEALS**

"Lesser drugs" are governed under the "three strike rule," while "heavier drugs" are governed under the "two strike rule." Each positive test counts as a strike, and strikes shall be cumulative throughout the student athlete's collegiate career.

## A. First Positive Test

If a student-athlete receives a positive test result for any banned substance or if a missed test is treated as a first positive, the following consequences will occur:

- 1. The student-athlete will be declared ineligible for further participation in post-season and regular season competition for up to one calendar year from the date of student-athlete's positive test, to be determined by UVSC athletic administration.
- 2. The student-athlete shall remain ineligible until he/she retests negative, and studentathlete's eligibility is restored through the appropriate NCAA course of action.
- 3. The head team physician may suspend the student-athlete from practice or play, if medically indicated.
- 4. The head athletic trainer or head team physician will meet with the student to discuss the test results, to discuss the potential consequences of drug use on health and performance, and to provide information about on-campus and off-campus resources for drug counseling.
- 5. The Athletic Director and/or Athletic Administration designee may initiate a review of the student-athlete's conduct.
- 6. The student-athlete will be subject to repeated unannounced drug testing to be conducted at any time under supervision of the Sports Medicine Staff.
- 7. The student-athlete will be required to attend a confidential consultation and drug and alcohol screening session with a provider designated by the Intercollegiate Athletics Sports Medicine Department.
- 8. The student-athlete will be required to attend a substance abuse education program approved by the Intercollegiate Athletics Sports Medicine Department.

- 9. The head athletic trainer will provide notice of the positive test and its consequences to the head coach and the student's parent or guardian.
- 10. The Athletic Director and/or designee may require the student to meet with the Director of Athletics.

## **B. Second Positive Test**

If a student receives a second positive test result for any banned substance (the substance does not need to be the same substance that resulted in any earlier positive test), or if a missed test is treated as a second positive, the following consequences will occur:

- 1. The student-athlete will be declared ineligible for further participation in post-season and regular season competition for one calendar year from the date of student-athlete's positive test.
- 2. The student-athlete shall remain ineligible until he/she retests negative, and studentathlete's eligibility is restored through the appropriate NCAA course of action.
- 3. The head team physician may suspend the student-athlete from practice or play, if medically indicated.
- 4. The head athletic trainer or head team physician will meet with the student to discuss the test results, to discuss the potential consequences of drug use on health and performance, and to provide information about on-campus and off-campus resources for drug counseling.
- 5. The Athletic Director and/or Athletic Administration designee may initiate a review of the student-athlete's conduct.
- 6. The student-athlete will be subject to repeated unannounced drug testing to be conducted at any time under supervision of the Sports Medicine Staff.
- 7. The student-athlete will be required to attend a confidential consultation and drug and alcohol screening session with a provider designated by the Intercollegiate Athletics Sports Medicine Department.
- 8. The student-athlete will be required to attend a substance abuse education program approved by the Intercollegiate Athletics Sports Medicine Department.
- 9. The head athletic trainer will provide notice of the positive test and its consequences to the head coach and the student's parent or guardian.
- 10. The Athletic Director and/or designee may require the student to meet with the Director of Athletics.
- 11. The student-athlete may be subject to any or all of the consequences listed under the Third Positive Test if the substance tested positive for is considered a "heavier drug" and is thus governed by the "two strike rule."

## C. Third Positive Test

If a student-athlete receives a third positive test for any banned substance (the substance does not need to be the same substance that resulted in any earlier positive test), or if a missed test is treated as a third positive, the following consequences will occur:

1. The student-athlete will be permanently suspended from the team and will loose all athletic financial aid for the subsequent semester, if any, and the current academic year and non-renewal of athletic financial aid for all ensuing academic years.

- 2. The student-athlete may face possible expulsion from the college if deemed necessary by the Director of Athletics and Dean of the College.
- 3. The head team physician will suspend the student-athlete from all practice and play.
- 4. The head athletic trainer or head team physician will meet with the student to discuss the test results, to discuss the potential consequences of drug use on health and performance, and to provide information about on-campus and off-campus resources for drug counseling.
- 5. It will be recommended that the student-athlete attend a substance abuse education program approved by the Intercollegiate Athletics Sports Medicine Department.

Additional sanctions may be imposed under each team's rules. If a student-athlete fails to comply with any sanctions imposed, the student-athlete's head coach and Director of Athletics will be notified and the student-athlete may be subject to additional disciplinary action.

#### D. Missing a Test

If a student-athlete fails to report for a drug test after being notified of the test, he or she will be required to provide a specimen to a designated facility at a time designated by UVSC and the student-athlete will be required to pay for the test. Except in extraordinary circumstance, the rescheduled time will be within 24 hours of the scheduled test. The missed test will be considered a positive test until proven otherwise.

The student-athlete will not be permitted to play, practice, and attend team meetings, use UVSC facilities, or attend non-public UVSC activities until a missed test has been retaken as required by this policy.

Failure to provide a specimen at the rescheduled test will be treated as (and subject to the consequences of) a positive test.

If the student-athlete is tested at the rescheduled test and the test is negative, it will not be considered a positive test. The student-athlete will be required to pay for the full cost of the rescheduled sample collection. The student-athlete is responsible for getting to the rescheduled test at the designated place and time. The head coach will be notified by the Intercollegiate Athletics Sports Medicine Department of the missed test, the consequences for missing the test, and the student-athlete's obligation to seek the rescheduled test.

Student-athletes are required to complete their academic responsibilities (e.g., classroom or field experiences) and may be allowed to reschedule a drug test due to a documented academic conflict. The rescheduled test must occur within 24 hours of the scheduled test. To be allowed to reschedule within 24 hours, the student-athlete must inform the Sports Medicine staff of an academic conflict at the time of the notification of the testing procedure. Student-athletes will be required to document each academic conflict to avoid an unexcused absence. UVSC staff has the discretion to decide whether the absence will be excused and to verify the academic conflict prior to the student-athlete missing the test.

## E. Declining Levels

After consultation with the testing facility or other consultant selected by UVSC, the head physician and head trainer have the discretion not to count a positive test result as a positive test under this policy if the level of the substance in question is determined to be a "declining level." To be treated as a declining level, the student must have had a recent previous positive test for the substance, and the level at the later test would be expected given the time between the tests and no use of the substance following the first test.

## F. Access to Information about Test Results

The Athletic Director, Senior Woman Administrator, Compliance Coordinator, the head athletic trainer, the student-athlete's head coach, the team physician, and the student-athlete's parent or guardian will be informed of test results and missed tests that are treated as positive tests. The certified athletic trainer assigned to that sport may also be notified, if medically appropriate. The assistant coach(es) may also be informed at the discretion of the head coach. Other university employees may be informed of test results to the extent necessary for the implementation of this policy.

## G. Appeals Process

A student-athlete may appeal the finding of a positive result, violation of this policy, or the sanction imposed for either a positive test or violation of this policy. To appeal, the student-athlete must provide written evidence of material procedural error, evidence that refutes the positive finding or violation, or evidence that the sanction is unreasonable. The student-athlete must submit the written appeal to the athletic director within seven days after the student is notified of the decision to be appealed. If the student does not appeal within seven days, the result, finding, or sanction cannot later be reviewed.

If the student-athlete wishes to appeal a positive test result, a finding of a policy violation, or a sanction other than suspension, the athletic director will appoint a three-member appeals committee to review the evidence and make a recommendation. The athletic director will provide a written decision to the student. This decision will be final.

If the student-athlete is not contesting the positive result or the finding of a policy violation but wishes to appeal a sanction of suspension or cancellation of financial aid, the student-athlete should follow the hearing procedures below.

If the student-athlete wishes to contest a positive test result or finding of a policy violation, and a sanction of suspension or cancellation of financial aid, the student-athlete should follow the hearing procedures below.

The decision of a team physician to suspend a student-athlete from play or practice on medical grounds is not a sanction (and cannot be appealed) under this policy.

#### H. Hearing Procedures

Request for Hearing.

The student-athlete is entitled to a hearing prior to imposition of suspension or cancellation of financial aid. To obtain a hearing, the student-athlete must submit a written request for a hearing within 10 university business days after receiving notice of the suspension and cancellation of athletic financial aid. Failure to request a hearing will result in a waiver of the right to a hearing. The sanctions will be imposed after the 10-day period has elapsed.

## **Hearing Officer**

The Vice President for Student Affairs will designate the hearing officer.

## Notice

Upon request of the hearing officer, UVSC will provide the student-athlete and the hearing officer with copies of the positive test results, evidence of education or counseling session, the sanctions imposed, and evidence of completion of the sanctions. The hearing officer will provide notice to the student-athlete and to UVSC Athletics of the date, time, and place of the hearing.

## Attendance at the Hearing

Only the student-athlete, a representative of the athletic department, the team physician, the head trainer, and the hearing officer may be present for the hearing, except as otherwise permitted by the hearing officer. The student-athlete, UVSC Athletics, and the hearing officer may also have an attorney or advisor present. The student-athlete must notify UVSC Athletic Department at time of appeal if they have chosen to have an attorney. If an attorney at the hearing does not represent the student-athlete, an attorney at the hearing will not represent UVSC Athletics.

## Procedures

The hearing will follow the UVSC institutional policy unless the parties and hearing officer agree to modify the process. The hearing officer may limit the time available to each side for oral presentations.

## VII. ILLEGAL POSSESSION

Illegal possession, use, manufacture, sale or distribution of illegal drugs in violation of the law or college policy is prohibited. Any student-athlete found in violation may be subject to legal, college, and/or team disciplinary actions.

## VIII. ALCOHOL & TOBACCO POLICY

Utah Valley State College does not condone illegal or irresponsible use of alcohol. Underage drinking, buying alcohol for minors, and alcohol-related activities have serious consequences. Any student-athlete involved in an alcohol-related incident may be subject to legal, college and/or team disciplinary actions.

The use of tobacco products during practice and competition is prohibited by all game personnel and student-athletes. This includes the student-athlete's traditional and non-traditional seasons.

#### IX. VOLUNTARY EVALUATION ("SAFE HARBOR PROGRAM")

A student eligible for the Safe Harbor Program may refer himself/herself to the Safe Harbor Program for voluntary evaluation and counseling. A student is not eligible for the Safe Harbor Program under the following conditions:

- 1. If the student has been informed of an impending drug test or
- 2. If the student has received more than one positive drug test.

Note: A positive drug test results from missing a test or testing positive of a banned substance where the test was administered by or in behalf of UVSC, the NCAA, or any university sanctioned or supported event or event at which the student is representing UVSC.

## A. Treatment Plan

After a student has entered into the Safe Harbor Program, Utah Valley State Sports Medicine will work with the student to prepare a Safe Harbor treatment plan. If a student tests positive for a banned substance upon entering the Safe Harbor Program, that positive test will not result in any administrative sanction unless the student tests positive in a subsequent retest or the student fails to comply with the treatment plan set forth. The team physician may suspend the student from play or practice, if medically indicated. A student may remain in the Safe Harbor Program for a reasonable period of time, not to exceed 30 days, as determined by the treatment plan.

## B. Removal from the Safe Harbor Program

If the student retests positive after entering the Safe Harbor Program or fails to comply with the treatment plan set forth, the student will be removed from the Safe Harbor Program. The initial Safe Harbor positive test will be treated as a first positive test, and a subsequent positive as a second positive test, and will be subject the administrative sanctions.

## C. Safe Harbor Protection

While a student is in compliance with the Safe Harbor treatment plan, the student will not be included in the list of students eligible for random drug testing administered by Utah Valley State Sports Medicine. Students will not be protected from testing administered by the NCAA or other organizations.

## **D.** Confidentiality

The Athletic Director, Senior Woman Administrator, Compliance Coordinator, the Head Athletic Trainer, the student's Head Coach, the team physician, and the student's parent or guardian will be informed of the student's participation in the Safe Harbor Program. The certified athletic trainer assigned to that sport may also be notified, if medically appropriate. The assistant coach (es) may also be informed at the discretion of the head coach. Other university employees may be informed only to the extent necessary for the implementation of this policy.

## Health Insurance Policy UVSC Athletics 2007-2008

Participation in intercollegiate athletics requires an acceptance of risk of injury. The opportunity to participate is considered a privilege rather than a right. Utah Valley State Athletic Department and Staff have taken reasonable precautions to minimize the potential for injury to student-athletes. Athletes and their parents/guardians must rightfully assume responsibility for the costs of providing health insurance coverage and the associated costs of potential injury sustained while participating in sports.

Utah Valley State Athletic Department requires ALL student-athletes to carry primary health insurance, that covers injury/accident sustained while participating in intercollegiate sports, that is valid within the state of Utah, and also covers non-emergency care. Utah Valley State is required by NCAA bylaw 3.2.4.8 to certify insurance coverage each semester that covers accident and injury sustained while participating in intercollegiate athletics.

It is the responsibility of the student-athlete and their parents/guardian to obtain appropriate insurance coverage, provide proof of coverage and maintain current coverage during the time the athlete is a member of an athletic team at Utah Valley State. Self-insurance will not be accepted as a means of primary coverage.

Student-athletes will NOT be allowed to practice, compete, or participate in any type of physical activity with a Utah Valley State Athletic program, or at a UVSC Athletic facility, until proof of proper coverage is provided.

Utah Valley State Athletic Department carries supplemental insurance coverage that is secondary to the student-athlete's primary insurance. This secondary insurance only covers accident and injury that is incidental to participation in intercollegiate athletics at Utah Valley State during the academic year. Utah Valley State does not provide health insurance coverage for sickness or illness, as this is not permissible by NCAA bylaws.

Access to this secondary coverage is limited by certain restrictions and requirements. (See Insurance Summary) Student-athletes and parents/guardians are responsible for understanding those requirements and restrictions and ensuring that their primary coverage meets those specific guidelines. In the event that a student-athlete's/parent's/guardian's insurance coverage does not meet the requirements listed, student-athletes and their parents/guardians may incur additional costs. UVSC Athletics will NOT take financial responsibility for those expenses.

Utah Valley State Athletics is committed to the safety and well-being of our student-athletes. Care is provided through certified athletic trainers in our sports medicine department and healthcare professionals in the community. Access to the UVSC Secondary Insurance Coverage will be denied unless care is coordinated through a UVSC certified athletic trainer. In order to provide excellent and consistent care we have currently contracted with the Utah Valley Sports Medicine Clinic, an Intermountain Health Care Facility. The Utah Valley Sports Medicine Clinic accepts most traditional insurance plans. They do not accept CCN, PHCS, Cigna, and some non-traditional Blue Cross plans among others. Student-Athletes should check with their insurance providers to verify if their plan is accepted by the Utah Valley Sports Medicine Clinic.

Student-athletes that do not have a primary insurance or are covered under a HMO type policy that is not valid within the state of Utah are fully responsible for any and all expenses that occur due to injury sustained during participation in intercollegiate athletics. HMO policy holders may be sent home at their own cost for surgery and other non-emergency services that are not covered in their policy.

Student-athletes/parents/guardians wishing to acquire proper insurance coverage may visit www.campuscoverage.com This is only a resource and not all plans offered fulfill the requirements of

#### Part 6

the UVSC Athletic Insurance Policy. Please note that purchasing an insurance plan is a personal choice and decision, and that UVSC Athletics does not endorse or recommend any specific insurance provider.

Utah Valley State Athletic Department will NOT assume any financial responsibility for any medical costs associated with an injury sustained by student-athletes while participating in intercollegiate athletics that do not fall under our insurance program guidelines.

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I have read and understand the Utah Valley State Athletic Department Health Insurance Policy. I agree to provide valid coverage for named student-athlete, provide proof of insurance coverage, to immediately notify the UVSC Athletic Department of any changes, and to maintain coverage during the time the named student-athlete is a member of a team within the Utah Valley State Athletic Department.

I understand that if I fail to provide valid insurance coverage for the named student, I accept any and all costs incurred due to injury during participation in intercollegiate sports.

I understand that I may incur additional financial costs if the insurance coverage provided does not meet the recommendations and requirements, or named student-athlete/parent/guardian fails to follow the insurance guidelines.

I understand that there are inherent risks associated with participation in intercollegiate sports and I accept full responsibility for the costs that may occur to the named student-athlete due to injury or accident during participation.

Student-Athlete / Parent / Guardian Responsibility

-Obtain & maintain appropriate primary insurance coverage
-Provide proof of coverage: \*A copy of the insurance card front & back is required
-Complete and submit insurance information forms to UVSC Athletics
-Immediately notify UVSC Athletics of any changes or lapse in primary coverage
(UVSC will NOT assume financial responsibility due to lapse in coverage)
-Coordinate all medical care through the UVSC Certified Athletic Trainers
-Report all injuries immediately and submit EOB and paid primary claims to UVSC in a timely manner to initiate secondary coverage.

Student-Athlete Primary Insurance

-Recommended: \$500 deductible or less

-Recommended: Primary Insurance covers 80% or more of UCR<sub>(Usual, Customary, Reasonable)</sub>

-Recommended: Student-athlete remains within-network for coverage UVSC contracts with the Utah Valley Sports Medicine Clinic, an Intermountain Health Care Facility. Our physicians are: Brent Rich MD, Melissa McLane DO, Wayne Mortensen MD.

-Must be valid in Utah and cover participation in intercollegiate athletics

-Must cover non-emergency medical services -

-Self-Insurance is **not acceptable** as proof of coverage.

Utah Valley State Athletic Secondary Insurance

-Only covers care coordinated through UVSC certified athletic trainers

-Only covers student-athletes that have been medically cleared for participation by UVSC Athletic Medical Staff (Pre-existing injuries prior to initial participation will NOT be covered) -Covers up to \$500 total in costs for co-pays & deductibles per student-athlete, per policy year. (August 1-July 31)

-Covers up to 20% of residual UCR, within primary insurance carrier's network, for major medical due to accident or injury that is incidental to intercollegiate athletic participation. 20% will only be paid by UVSC Athletic Secondary Insurance after primary insurance and/or student-athlete / parent / guardian has paid 80% of charges.

-Covers physical therapy with maximum lifetime benefit of \$1,500

-Covers prescription drugs as follows: 100% of Rx co-pay if prescription is on primary insurance's Preferred Drug List; 80% of generic Rx cost if UVSC is paying primary as tied to prescription coverage for accident and injury incidental to intercollegiate athletic participation.

**DOES NOT COVER** sickness or illness. (UVSC Medical Staff is available for coordinating care in the case of sickness or illness, but secondary insurance coverage is not available for sickness or illness per NCAA bylaws.)

**DOES NOT COVER** expenses to "treat a student-athlete's illness or injury that is not a result of practice for or participation in intercollegiate athletics at the institution, or that does not occur during the academic year while the student-athlete is participating in voluntary physical activities to prepare the student-athlete for competition." (Interpretation: June 8, 1994)

NCAA rules state that an institution is only permitted to cover identified medical expenses that are "incidental to a student-athlete's participation in intercollegiate athletics". (NCAA bylaw 16.4.1)

**DOES NOT COVER** dental care unless specific injury is determined to be the cause of injury due to participation in intercollegiate athletics.