

**Riverland**  
COMMUNITY COLLEGE  
*A Technical & Community College*



**BLUE DEVIL**  
**ATHLETICS**

[WWW.RIVERLAND.EDU/ATHLETICS](http://WWW.RIVERLAND.EDU/ATHLETICS)

**INTERCOLLEGIATE  
ATHLETICS  
STUDENT-ATHLETE  
HANDBOOK  
2009-2010**



**2009 – 2010 SCHOLASTIC MONTHLY  
DESK PLANNER**

Name \_\_\_\_\_

Address \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ School Phone ( ) \_\_\_\_\_

Social Security/  
Insurance Number \_\_\_\_\_ Student ID# \_\_\_\_\_

**In Case of Emergency, Notify:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

**Class Schedule**

Class	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## MISSION STATEMENT, GOALS, AND POLICY STATEMENT OF THE DEPARTMENT OF INTERCOLLEGIATE ATHLETICS

### **Mission of the Program**

The mission of the intercollegiate program for men and women at Riverland Community College is to provide quality athletic opportunities to men and women students who have specialized athletic interests and abilities. We believe that meaningful intercollegiate competitive experiences will better enable the participants to make significant contributions to society. Finally, in spite of being in an era of uncertain state funding, Riverland Community College is committed to providing a broad based program in which student-athletes can strive to pursue excellence in their chosen athletic and academic endeavors.

### **Specific Goals of the Program**

- a. To provide an intercollegiate program for men and women emphasizing academic achievement and professional development as well as athletic opportunity.
- b. To recruit high-quality student-athletes who will represent Riverland Community College as creditable, contributing members of both the campus community and surrounding areas.
- c. To provide student-athletes with professional leadership in the areas of coaching, athletic training, and administration.
- d. To provide student-athletes with well-qualified staff, faculty, and administrative personnel who are concerned with the ethical dimensions of life and learning.
- e. To maintain a high level of excellence in the intercollegiate program and to consistently achieve competitive success.
- f. To foster support and recognition of diverse student populations and instill a sensitivity to the values of a multicultural world.
- g. To commit ourselves to a broad-based athletic program with due consideration to the interests and abilities of all our student-athletes.
- h. To provide goals consistent with the education mission of the college.
- i. To provide athletic experiences within the framework and in accordance with the regulations and rules of NJCAA, MCCA, and MnSCU.
- j. To provide athletic experiences in which students are encouraged and taught to develop their skills to the maximum of their potential.
- k. To provide equal opportunities in recruitment, retention, and participation for all regardless of race, color, or gender.

## ACADEMICS

### **Important dates and procedures**

The Riverland “Academic Calendar” appears in the Student Handbook. Make certain you read it carefully prior to the beginning of each term, and make note of those deadlines which affect setting up and altering your class schedule. You will find dates for pre-registration, dropping and adding classes, and final exams.

Each term you must pre-register for the upcoming semester. This involves first meeting with your coach to note the required athletic meeting times and competition dates, followed by a meeting with your academic counselor or advisor to be sure you will take classes appropriate for your major and minor. It is the student-athlete’s responsibility to pre-register each semester.

### **Class attendance policy**

All students are expected to attend all class meetings. Athletes are “high-profile” students on our campus, and class attendance for you is more sensitive than for the regular student. There may, however, be times that you must miss class to travel with your team. You should let the faculty know during the first week of class when you are scheduled to miss due to travel with your team. You are NEVER allowed to miss class for practice or scrimmages. You are always responsible for all missed information and assignments. Do NOT expect the faculty to come to you with missed work.

### **Academic Integrity**

You are expected to maintain the highest standards of academic integrity. Cheating will not be tolerated. Plagiarism can result in consequences ranging from failing of a test or project to expulsion from the college. Information gathered through the use of the Internet must be properly documented. The use of papers or parts of papers from the web, without proper documentation, is considered plagiarism. You should always do your own work. If you have questions about plagiarism, speak to your instructor.

### **Graduation**

A minimum total of 60 semester hours of credit is required for any two-year degree. Students must maintain a 2.0 GPA to graduate.

### **Student-Athlete Advising**

Just as any other Riverland student, you have an academic advisor or counselor. This person helps you choose courses each semester and assists you in schedule changes and degree program planning.

If you have any difficulties in your school work or any questions concerning academic life, consult your coach or academic advisor. These people assist you with your academic concerns or even concerns not related directly to academics by helping you locate the College personnel and resources you need.

## **Athletic Study Hall**

Regularly scheduled study hall exists for some Riverland athletic teams. Your coach determines who attends. Study hall provides a quiet place for student-athletes to form good study habits. Your attendance at a study hall may be required if you are new to Riverland or experience academic problems.

## **Tutoring**

Free tutorial help is available to all students. Student-athletes should follow established guidelines to request a tutor's assistance. If a student-athlete is having academic problems, s/he is encouraged to secure a tutor through the Student Success Center with the assistance of the coach or academic advisor.

## **Drug Statement**

The Athletic Department is concerned with the potential for drug abuse and its effect upon the well-being of the student-athletes for whom the department has responsibility. Because of their participation in intercollegiate athletics, these young people experience physical and mental demands unlike those faced by any other students at the College. Use of drugs by an athlete to the extent described above, that it threatens or impairs his/her well-being, not only can adversely affect their performance as well as that of their teammates, but more importantly could result in injury to the athlete and/or to his/her teammates.

In addition, the student-athlete is one of the more visible elements of the College community, constantly in the public eye and subject to scrutiny by the media. Thus, a drug use situation affecting the well-being of a particular athlete can have a potentially greater affectation on the well-being of others, the team, other athletes and coaches, the Department and the College.

Drug-abuse, in general, should be understood to include the use of any substance including tobacco, alcohol, legally obtained over-the-counter medications, prescription drugs or illicit drugs including anabolic steroids such that the user experiences physical, emotional or social complications which threaten or impair his/her well being.

Any athlete involved in the use of drugs may face dismissal from the team as well as legal action, as it pertains to the rules and regulations published in the student code of conduct. All students are, of course, subject to the laws of the City of Austin and the State of Minnesota.



**STUDENT-ATHLETE INFORMATION SHEET**

Academic Year 2009-2010

Riverland Community College is asking you to provide private information in order to process your Student/Athlete Guidelines and Expectations Form. This information will be used to provide an agreement about guidelines and expectations. You are not legally required to provide this information; however, the college may not be able to effectively process your request if you do not provide sufficient information. Access to this information will be limited to school officials. Under certain circumstances, federal and state laws authorize release of private information without your consent to state and federal agencies or as otherwise permitted by other state and federal laws.

Sport _____	Institution _____	Date _____
Name _____	Social Security # _____	Birthdate _____
Local Address _____		(Local Phone) _____
Father's First Name _____	Father's Last Name _____	
Street Address _____		
City/State/Zip _____		(Home Phone) _____
Mother's First Name _____	Mother's Last Name _____	
Street Address _____		
City/State/Zip _____		(Home Phone) _____
If father and mother have different addresses, please indicate parent who should be placed on athletic department mailing list:		
Father's Address _____	Mother's Address _____	Both _____
Major Field of Study _____		
High School _____		Date of Graduation _____

- List any two/four year collegiate institutions in which you have registered, enrolled, or attended any classes (excluding summer session courses). For each year, indicate whether you practiced (P) and/or competed (C) for any collegiate team. Include your attendance and participation at this institution. Enter in the financial (FA) column the type of financial aid that you received that was administered through the financial aid office. This includes athletic aid, grants, loans, work study, outside scholarships, tuition waiver, or government or private aid.

Year	Institution	Dates Attended	Sport	P Y/N	C Y/N	FA Y/N

- Have you ever served in the Armed Forces, with Federal Foreign Aid Groups, or Church Missions? IF SO, INDICATE THE BRANCH AND DATES OF SERVICE: \_\_\_\_\_  
\_\_\_\_\_
- Have you ever received compensation for your athletic abilities in your sport (i.e., money, comparable prize or compensation for coaching on a fee or lesson basis?) IF SO, LIST DATE, AMOUNT, SPORT, ETC. \_\_\_\_\_  
\_\_\_\_\_
- Have you ever taken part in any athletic competition for which you were provided compensation (i.e., newspaper, magazine, charities, radio or television appearance, billboards or personal appearances)? IF SO, STATE NAME OF TEAM OR AGENT, DATE, SPORT, ETC. \_\_\_\_\_  
\_\_\_\_\_
- Have you ever lent your name to any form of commercial advertising (i.e., newspaper, magazine, charities, radio or television appearance, billboards, or personal appearances)? IF SO, STATE NAME OF TEAM OR AGENT, DATE, SPORT, ETC. \_\_\_\_\_  
\_\_\_\_\_
- Have you ever signed a professional contract, a contract with a professional agent, or been represented by a professional sports agent in your sport? IF SO, STATE TEAM OR NAME OF TEAM, DATE, SPORT, ETC. \_\_\_\_\_  
\_\_\_\_\_
- Have you ever competed for any athletic team (i.e., club teams, non-intramural teams, city-league teams other than the college's during any academic year)? IF SO, STATE SPORT, NAME OF TEAM, DATE, ETC. \_\_\_\_\_  
\_\_\_\_\_

**I certify upon penalty of ineligibility for intercollegiate athletics that the above statements are complete and accurate.**

SIGNED: \_\_\_\_\_ (Student-Athlete) \_\_\_\_\_ (Date)

## **STUDENT- ATHLETE ALCOHOL AND DRUG CONDUCT POLICY**

The following offenses that occur during the regular season for your sport constitute a violation of this policy. Violations can occur both on and off campus and include but are not limited to:

- \* DWI
- \* Illegal drug use
- \* Possession of illegal drugs (in any discernible amount)
- \* Possession of illicit drugs (including marijuana) will result in permanent suspension from intercollegiate athletic competition and immediate loss of all athletic grant-in-aid.
- \* Legal intoxication (as defined by state code)
- \* Minor consumption (as defined by state code)
- \* Illegal sale to minor (as defined by state code)
- \* Arrested/cited for alcohol-related incident
- \* Alcohol violation on campus (as determined by the Student Conduct Policy)
- \* Alcohol violation while traveling with the team.
- \* Tobacco usage

If a student-athlete is found to have violated the policy, the following sanctions will be in effect:

### **FIRST OFFENSE**

1. Student-athlete will have a conference with the Head Coach, Athletic Director, and Dean assigned to Athletics.
2. Student-athlete will be suspended in a timely manner for a minimum of one regular season contest.

### **SECOND OFFENSE**

1. Student-athlete will have a conference with Head Coach, Athletic Director, and Dean assigned to Athletics.
2. Student-athlete will be suspended for a minimum of two regular season contests. Suggested second offense suspensions are three games for basketball, softball, and baseball, two games in volleyball, and two games in soccer. Games suspensions can be staggered but must be timely.
3. Student-athlete may be required to attend an evaluation meeting with a college counselor.

### **THIRD OFFENSE**

1. Student-athlete may be permanently suspended from intercollegiate athletic competition at Riverland Community College.

**NOTE:** Violations of student-athlete conduct policies also constitute a violation of the college student conduct policy and as a result may subject the student to additional sanctions. Off-season conduct violations will be managed through the Riverland student conduct policy.





**STUDENT/ATHLETE GUIDELINES AND EXPECTATIONS**

1. Treat coaches, staff, and faculty with respect and cooperation.
2. Attend classes regularly and complete assignments.
3. Notify my Coach and Athletic Director of any difficulty; personal, academic, or otherwise; that may interfere with my success as a student.
4. Make use of all available student academic support services on campus as needed.
5. Get approval from the Athletic Director for any changes made to my academic class/credit schedule.
6. Notify my Coach and Athletic Director when I am graduating, transferring, or leaving the college, (even if leave is temporary).
7. Give the Athletic Department permission to obtain information from instructors on my progress in class and work with faculty on my behalf, as long as I am a participant in the college athletic program.

Failure to abide by this agreement could result in being declared ineligible to participate in the college athletic program.

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Student-Athlete Signature Date

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Riverland Community College Athletic Director Date



**RIVERLAND COMMUNITY COLLEGE ACADEMIC RELEASE OF  
INFORMATION AGREEMENT**

I, \_\_\_\_\_ hereby authorize the Riverland Community College Registrar's Office to release any of my academic records to the Riverland Community College Athletic Department for the purpose in assisting me in my academic endeavors, and to determine my continued eligibility to participate in Riverland's Athletic programming.

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

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

\_\_\_\_\_  
Parent Signature (*if student is under 18*) Date



### **TEAM TRAVEL GUIDELINES AND POLICY**

1. Student-athletes and an approved coach must travel with the team to all competitions.
2. Personal cars may only be driven with the approval of the Head Coach and the Athletic Director. If such permission has been granted, then the private vehicle must follow the team vehicle (s) to the site of the competition.
3. Student athletes MUST travel back to the college with the team unless they have had prior approval to leave with their parents or spouse from the opponent's site. All requests must be in writing and signed by both the parent/spouse and the athlete (see attached form). This written request must be given to your coach a minimum of (1) day prior to departure. Approval of these requests must be obtained from your Head Coach and the Athletic Director.
4. There shall be no transporting or use of recreational drugs or alcohol while traveling with any Riverland Community College Blue Devil Athletic team by anybody in the official traveling group.
5. When lodging is involved, Riverland Community College will take care of the room charges only. Telephone, pay TV or other costs are the responsibility of the occupants of the room. Any damages to the room shall be the responsibility of the occupant. *You will not be allowed to participate in any further practices or contests and a hold will be put on your records until the restitution is paid.*



**TRAVEL REQUEST FORM**

I, \_\_\_\_\_ agree to take full responsibility for the  
Name of Parent/Guardian/Spouse

transportation of \_\_\_\_\_. I understand that in  
Name of Student/Athlete

signing this form, I release all responsibility and travel liability from Riverland  
Community College Athletic Department.

Print Student name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian/Spouse

**\*NOTE: This must be submitted to the Athletic Director a *minimum of 24 hours prior* to the departure of the respective team's travel to the athletic event.**

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**Office use only:**

Date received \_\_\_\_\_

Athletic Director Approval: \_\_\_\_\_  
Signature Date

Coaches Approval: \_\_\_\_\_  
Signature Date



## ALCOHOL, DRUG, AND TOBACCO GUIDELINES

### **Alcohol and Drug Policy**

The standards of conduct at Riverland Community College prohibit the unlawful possession, use, or distribution of drugs and alcohol by students and employees on the college premises OR in conjunction with any college-sponsored activity or event, whether on or off campus.

The college will impose sanctions on students who violate this policy per the provisions of the Student Conduct Policy or the Student-Athlete Conduct Policy.

Disciplinary action may include written reprimand, suspension or dismissal and referral for prosecution under local, state, and federal law. A referral for rehabilitation may also be a course of action pursued by the college.

### **Tobacco Policy**

All Riverland buildings are smoke free. Student usage of tobacco and smokeless tobacco products is prohibited in any part of the Blue Devil gymnasium, on any of our athletic fields, or during any athletic event as per NJCAA and Minnesota Community College Conference rules and regulations.

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Student/Athlete: I have read the above policies on Drug, Alcohol, and Tobacco use and understand that it is absolutely prohibited for me as a Blue Devil athlete to violate these rules during any athletic/school sponsored activities and or competitions. This also includes all fall and spring training trips and is in effect from the time the team leaves and until the team returns. I understand that I am a member of a sanctioned NJCAA intercollegiate team and will respect and honor these rules. I understand the importance of why rules are in place for athletic programs and I am dedicated to making the effort to be positive with every opportunity to be a successful member of this team.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**INSURANCE ACKNOWLEDGEMENTS**

I, \_\_\_\_\_, acknowledge that I have received information on the following topics regarding insurance:

- 1. \_\_\_\_\_ I understand that the College requires every athlete to have  
(initials) insurance that covers athletic-related injuries. I understand that I CANNOT participate in the Riverland intercollegiate sports without proof of insurance.
  
- 2. \_\_\_\_\_ I received information on a supplemental insurance plan.  
(initials)

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

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Parent Signature *(if student is under 18)* \_\_\_\_\_ Date \_\_\_\_\_



**MEDICAL RELEASE INFORMATION**

The Health Insurance Portability and Accountability Act (HIPAA) was signed into federal law in 1996 and took effect in April 2003. It requires additional procedures to insure all patient information is secure and private. It also requires a signed release before any information pertaining to your health and welfare is discussed with health professionals.

I, \_\_\_\_\_, agree to allow the Athletic Trainer assigned by the college, Athletic Director, Coaches, and Staff at Riverland Community College in conjunction with any treating physicians or medical personnel, release of my medical information as deemed necessary by the above named individuals. This release will be in effect until August 15, 2009.

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

\_\_\_\_\_  
Parent Signature *(if student is under 18)* Date



**WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY  
AGREEMENT FOR RIVERLAND COMMUNITY COLLEGE**

- 1) **Waiver:** In consideration of being permitted to participate in Riverland Athletics, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Riverland Community College, its officers, employees and agents for liability from all claims resulting in personal injury, accidents, or illnesses (including death), and property loss arising from, but not limited to, my participation in Riverland Athletics except as caused by their intentional, willful or wanton conduct.
- 2) **Assumption of risk:** I acknowledge that my participation in Riverland Athletics is voluntary and carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, broken bones, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.  
\_\_\_\_\_ (Initial) I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in the Riverland Athletic Program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.
- 3) **Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD RIVERLAND ATHLETICS HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney’s fees brought as a result of my involvement in Riverland Athletics and to reimburse Riverland Athletics for any such expenses incurred.
- 4) **Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the laws of the state of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- 5) \_\_\_\_\_ (Initial) **Acknowledgment of understanding:** I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, have been given an opportunity to consult with counsel, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a release of liability to the greatest extent permitted by law.

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

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

\_\_\_\_\_  
Parent Signature (if student is under 18) Date



**PARTICIPANT INFORMATION AND PROOF OF INSURANCE**

*This information is being collected by college officials to use in case of emergency to notify personal contacts and medical providers. It will be maintained by Riverland Athletics as a private education record. You are not required by law to provide this information, and/but if you do not do so you may be preventing the college from effectively dealing with an injury.*

**Personal Information**

Name \_\_\_\_\_ Student ID No. or Social Security #: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address:  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_

**Health Insurance Information**

Company Name: \_\_\_\_\_

Group#: \_\_\_\_\_ Subscriber#: \_\_\_\_\_

Name of Person You are Insured Through: \_\_\_\_\_

Does Your Policy Cover Athletic Activity-Related Injuries: Yes \_\_\_\_ No \_\_\_\_

(If you answered “No”, you must provide proof that you hold a policy that covers such injuries)

If Applicable, Supplemental Insurance Policy (Company and Policy Number):  
\_\_\_\_\_

Other Insurance, if any: \_\_\_\_\_

**Medical History and Emergency Contact Information**

Name and Number of Emergency Contact:

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Name and Number of Personal Physician:

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Prescription Medication You Currently Take:

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Do you have a medical condition requiring care? Yes \_\_\_ No \_\_\_

If so, please describe:

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Previous Injuries: \_\_\_\_\_

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