



2006-07 Eligibility Forms

NAME: _____

CHARLOTTE ID NUMBER: _____

SPORT: _____

LOCAL TELEPHONE: _____

CELL NUMBER: _____

E-MAIL: _____

BY SIGNING BELOW I ACKNOWLEDGE THAT:

1. ALL ENCLOSED FORMS HAVE BEEN EXPLAINED TO ME.
2. I HAVE SIGNED ALL ENCLOSED FORMS.
3. I HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS REGARDING ANY OF THESE FORMS.
4. THE SUMMARY OF NCAA RULES AND REGULATIONS HAS BEEN EXPLAINED TO ME.
5. THE LIST OF NCAA BANNED SUBSTANCES HAS BEEN REVIEWED WITH ME.
6. I HAVE RECEIVED A COPY OF THE 2006-07 STUDENT-ATHLETE HANDBOOK.
7. I UNDERSTAND THAT ANY COURSEWORK TAKEN AT ANOTHER INSTITUTION MUST RECEIVE PRIOR WRITTEN APPROVAL **BEFORE** THE FIRST DAY OF CLASS IF I INTEND TO USE THE CLASS TOWARDS MY NCAA ELIGIBILITY.

SIGNATURE: _____ DATE: _____

► PLEASE TURN IN THESE FORMS ◀

2006- 07 CHARLOTTE ATHLETICS STUDENT-ATHLETE BACKGROUND

PERSONAL INFORMATION

Student-Athlete's Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Ethnicity, Please Check One

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Non-U.S. Citizen |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic | |

Mother's Name _____ Father's Name _____

Mother's Address _____ Father's Address _____

Phone: Work () _____ Phone: Work () _____
Home () _____ Home () _____

Which address is your primary home address? (check one) Mother Father Both Neither

HOUSING INFORMATION

In the space below, please provide the address at which you will reside during the school year:

_____ Phone _____

_____ Roommate(s) _____

If you live off-campus, please indicate:

Rent per month: \$ _____ Name of Landlord/Apartment Complex _____

ATHLETIC HISTORY

1. HIGH SCHOOL _____

Name of School Date of Graduation

City State Zip Code

2. COLLEGE OR JUNIOR COLLEGE ATTENDANCE

Please note attendance at any collegiate institution (including Charlotte) must be accounted for and any "redshirt year", time spent in the Armed Services and official church missions should be indicated.

| ACADEMIC YEAR | Institution attended Fall Semester | Institution attended Spring semester | Sport |
|---------------|---------------------------------------|---|-------|
|---------------|---------------------------------------|---|-------|

1. _____ - _____

2. _____ - _____

3. _____ - _____

4. _____ - _____

5. _____ - _____

PLEASE NOTE: NCAA Bylaw 10.1 makes it a violation for a student-athlete to refuse to furnish the information requested below or to furnish "false or misleading" information about such matters. Violations of rules have caused student-athletes to lose eligibility and their teams to forfeit games and championships. If a student-athlete has any questions or doubts about NCAA rules regarding employment, vehicles, and/or financial assistance, he or she is encouraged to discuss them promptly with his or her coach. If any information provided here changes during the school year, the student-athlete must notify his or her coach or the Director of Compliance and record changes on a new form.

EMPLOYMENT INFORMATION

This information is sought to ensure compliance with NCAA Bylaw 12.4, 13.2, and 15.26 under which student-athletes and prospects may be employed only at rates commensurate with the going rate in that locality for similar services, and paid only for work actually done, and not paid for reputation, fame or performance as an athlete.

1. Were you employed this past summer? YES NO If yes, provide the following:

Name of Company/Employer _____ Location _____

Name of anyone at Charlotte who assisted you in arranging this job _____

Name of anyone else who assisted you _____

Hourly wage or other compensation _____ Hours worked per week _____

Was this job promised to you during recruitment? YES NO

2. Are you planning to be employed during the academic year? YES NO

MOTOR VEHICLE INFORMATION

This information is sought to ensure compliance with NCAA Bylaws 16.01 and 16.12.2 which make receipt of a benefit such as "the use of an automobile" and "a loan of money" (by student-athletes or their relatives or other friend) a violation unless "the same benefits are generally available to Charlotte non-athletes and their relatives.

1. Do you have regular use of any vehicle while at Charlotte? YES NO If yes, provide the following:

YEAR _____ MAKE _____ MODEL _____ COLOR _____

Vehicle is registered to (name on title): _____ Current monthly payment: \$ _____

***If asked I will provide the Director of Compliance with a copy of my registration.**

FINANCIAL AID INFORMATION

This information is sought to ensure compliance with NCAA Bylaws 15.01, 15.1, and 15.2.5 under which student-athletes may not receive financial aid in excess of the cost of attendance and requires outside scholarships to be distributed throughout the institution.

Please list all sources of financial aid you have received or expect to receive either directly or indirectly from a source outside the institution (e.g. foreign government, sports associations, high school booster club, Kiwanis club or any other scholarship or grant).

Do you have an agent for any professional sport? YES NO

ACADEMIC RELEASE

I specifically authorize and permit the Director of Compliance and the Office of Student-Athlete Advising to speak and correspond with my instructors, advisors, coaches and parents or guardians about my educational records. This permission includes, but is not limited to, releasing information about progress towards an academic degree, giving reports on grades, information regarding credits earned and releasing information for academic awards.

This release is valid for the current academic year and the following summer session. By signing this release, I acknowledge that I have read this document, understand it and sign it voluntarily.

Print Name

Signature

Date

COMPLIANCE STATEMENT

I certify to the best of my knowledge that I am eligible for athletic participation under the rules and regulations governed by the NCAA. I also attest to the fact that I was not recruited contrary to NCAA regulations by my institution or any representative of its athletics interests. Furthermore, I am not aware of any violation of NCAA rules involving me and/or my institution. I certify that the information I have provided is true and complete to the best of my knowledge and hereby authorize my appropriate Charlotte official to obtain verification and additional details about the information given above.

Signature of Student-Athlete

Date

Form 06-3a
Student-Athlete Statement – Division I

Academic Year 2006-07



For: Student-athletes.
Action: Sign and return to your director of athletics.
Due date: Before you first compete each year.
Required by: NCAA Constitution 3.2.4.5 and NCAA Bylaws 14.1.3.1 and 30.13.
Purpose: To assist in certifying eligibility.
Effective Date: This NCAA Division I statement/consent form shall be in effect from the date this document is signed and shall remain in effect through August 31 of the following year or until a subsequent Division I Student-Athlete Statement/Drug-Testing Consent form is executed, whichever occurs earlier.

Student-Athlete: _____
(Please Print Name)

Name of your institution: _____ University of North Carolina at Charlotte

This form has six parts: a statement concerning eligibility, a Buckley Amendment consent, a statement concerning the promotion of NCAA championships and other NCAA events, results of drug tests, previous involvement in NCAA rules violation(s) and affirmation of valid and accurate information provided to the NCAA Initial-Eligibility Clearinghouse and admissions office, including ACT or SAT scores, high school attendance, completion of coursework and high school grades. If you are an incoming freshman, you must sign parts I, II, III, IV, V and VII to participate in intercollegiate competition. If you are an incoming transfer student, you must sign parts I, II, III, IV, V and VI to participate in intercollegiate competition. If you are a continuing student you must sign parts I, II, III and V to participate in intercollegiate competition.

Before you sign this form, you should read the Summary of NCAA Regulations provided by your director of athletics or read the bylaws of the NCAA Division I Manual that deal with your eligibility. If you have any questions, you should discuss them with your director of athletics or you may contact the NCAA at 317/917-6222.

The conditions that you must meet to be eligible and the requirement that you sign this form are indicated in the following bylaws of the Division I Manual:

- NCAA Bylaws 10, 12, 13, 14, 15 and 16
- Bylaws 14.1.3.1, 18.4 and 31.2.3

Part I: Statement Concerning Eligibility.

By signing this part of the form, you affirm that, to the best of your knowledge, you are eligible to compete in intercollegiate competition.

You affirm that you have read the Summary of NCAA Regulations or the relevant sections of the Division I Manual and that your director of athletics (or his or her designee) gave you the opportunity to ask questions about them.

You affirm that you meet the NCAA regulations for student-athletes regarding eligibility, recruitment, financial aid, amateur status and involvement in gambling activities.

You affirm that all information provided to the NCAA, the clearinghouse and the institution's admissions office is accurate and valid, including ACT or SAT scores, high school attendance, completion of coursework and high school grades.

You affirm that you are aware of the NCAA drug-testing program and that you have signed the 2006-07 Drug-Testing Consent (Form 06-3d).

You affirm that you have reported to the director of athletics of your institution any violations of NCAA regulations involving you and your institution.

You affirm that you understand that if you sign this statement falsely or erroneously, you violate NCAA legislation on ethical conduct and you will further jeopardize your eligibility.

Name (Please Print)

Date of Birth

Age

Signature of Student-Athlete

Home Address (Street or P.O. Box)

Date

Home City, State, and Zip Code

Sport(s)

Part II: Buckley Amendment Consent

By signing this part of the form, you certify that you agree to disclose your educational records.

You understand that this entire form and the results of any NCAA drug test you may take are part of your educational records. These records are protected by the Family Educational Rights and Privacy Act of 1974 and they may not be disclosed without your consent.

You give your consent to disclose only to authorized representatives of this institution, its athletics conference (if any) and the NCAA, except as permitted in the Drug-Testing Consent form, the following documents:

- This form;
- Results of NCAA drug tests and related information and correspondence; Results of positive drug tests done by non-NCAA national or international athletics organizations;
- Any transcript from your high school, this institution, or any junior college or any other four-year institutions you have attended;
- Precollege test scores, appropriately related information and correspondence (e.g., testing sites, dates and letters of test-score certification or appeal), and where applicable, information relating to eligibility for or conduct of nonstandard testing;
- Graduation status;
- Your social security number and/or student identification number; Race and gender identification;
- Records concerning your financial aid; and
- Any other papers or information pertaining to your NCAA eligibility.

You agree to disclose these records only to determine your eligibility for intercollegiate athletics, your eligibility for athletically related financial aid, for evaluation of school and team academic success, for purposes of inclusion in summary institutional information reported to the NCAA (and which may be publicly released by it), for NCAA longitudinal research studies and for activities related to NCAA compliance reviews. You will not be identified by name by the NCAA in any such published or distributed information. This consent shall remain in effect as long as any issues regarding the purposes listed above exist.

You also agree that information regarding any infractions matter in which you may be involved may be published or distributed to third parties as required by NCAA policies, bylaws or procedures.

_____ Date

_____ Signature of Student-Athlete

Part III: Promotion of NCAA Championships, Events, Activities or Programs

You authorize the NCAA [or a third party acting on behalf of the NCAA (e.g., host institution, conference, local organizing committee)] to use your name or picture to generally promote NCAA championships or other NCAA events, activities or programs.

_____ Name (Please Print)

_____ Signature of Student-Athlete

_____ Date

Part IV: Use of Recruiting Services

Did you use any type of recruiting service to assist in obtaining an athletics scholarship? Yes No

If yes, please provide the name of the service: _____

Did you pay the service based on your obtaining an athletics scholarship at this institution? Yes No

Part V: Results of Drug Tests. If you have not tested positive for a banned substance by the NCAA and/or by a non-NCAA national or international athletics organization sign A and C. If you have tested positive, complete B and C.

A. No positive drug test.

You affirm that you have not tested positive by the NCAA and/or by a non-NCAA national or international athletics organization for a banned substance.

_____ Name (Please Print)

_____ Signature of Student-Athlete

_____ Date

B. Positive drug test.

If you have ever tested positive for a substance banned by the NCAA and/or by a non-NCAA national or international athletics organization, the results must be declared here. Further, the results will be reported by your director of athletics to NCAA Education Services. Should you consequently transfer, you are obligated to report NCAA positive drug-test results to the respective institution.

Date of test Organization conducting test Substance

Are you currently under such a drug-testing suspension? Yes No

C. Subsequent positive test.

Should you test positive for a substance banned by the NCAA and/or by a non-NCAA national or international athletics organization at anytime after you sign this statement, as described in the above paragraph, you must report the results to your director of athletics, who must then report the results to the NCAA. You will be subject to future NCAA drug-testing in which failure of the drug test could lead to the possible loss of eligibility.

Name (Please Print)

Signature of Student-Athlete

Date

Part VI: Incoming Transfers – Previous Involvement in NCAA Rules Violation(s)

Are you aware of any NCAA violations you were involved in while attending your previous institution? Yes No

Were you required to be withheld from competition while attending your previous institution? Yes No

If you answered yes to either of the above questions, please provide an explanation.

Part VII: Incoming Freshmen – Affirmation of Valid ACT or SAT Score

You affirm that, to the best of your knowledge, you have received a validated ACT and/or SAT score. You agree that, in the event you are or have been notified by ACT or SAT of the possibility of an invalidated test score, you will immediately notify the director of athletics of your institution. You affirm that all information provided to the NCAA, the clearinghouse and institution’s admissions office is valid and accurate, including high school attendance, completion of coursework and high school grades.

Name (Please Print)

Signature of Student-Athlete

Date

What to do with this form: Sign and return it to your director of athletics before you first compete. 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 you may contact the NCAA at 317/917-6222.



Form No. 06-3d
Drug-Testing Consent – Division I

Academic Year 2006-07

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 Constitution 3.2.4.6 and NCAA Bylaws 14.1.4 and 30.5

Purpose: To assist in certifying eligibility

TO: STUDENT-ATHLETE

Name of your institution: University of North Carolina at Charlotte

You must sign this form to participate (i.e., practice or compete) in intercollegiate athletics. Per NCAA Bylaw 30.5-(b), the director of athletics or the director of athletics' designee shall disseminate a copy of the list of banned drug classes (Attachment) to all student-athletes and educate them about products that might contain banned drugs. Please note that the list may change during the academic year, that updates may be found on the NCAA Web site (www.ncaa.org), and you will be informed of the procedures your athletics department will use to disseminate updates to the list.

NCAA Constitution 3.2.4.6 and Bylaws 14.1.4 and 30.5 require that you sign this form. If you have any questions, you should discuss them with your director of athletics.

Drug-Testing Consent

By signing this form, you affirm that you are aware of the NCAA drug-testing program, which provides:

A student-athlete who is found to have used a substance on the list of banned drugs, as set forth in Bylaw 31.2.3.1, shall be declared ineligible for further participation in regular season and postseason competition in all sports in accordance with the provisions in Bylaw 18.4.1.5.1. The certifying institution may appeal to the NCAA Student-Athlete Reinstatement Committee for restoration of the student-athlete's eligibility if the institution concludes that circumstances warrant restoration. (Bylaw 18.4.1.5)

A student-athlete who tests positive (in accordance with the testing methods authorized by the NCAA Executive Committee) shall be ineligible to participate in regular-season and postseason competition for one calendar year (i.e., 365 days) after the positive drug test and shall be charged with the loss of a minimum of one season of competition in all sports. The student-athlete shall remain ineligible for all regular-season and postseason competition for one calendar year after the student-athlete's positive drug test, and until the student-athlete retests negative (in accordance with the testing methods authorized by the Executive Committee) and the student-athlete's eligibility is restored by the Student-Athlete Reinstatement Committee. If a student-athlete transfers to another NCAA institution while ineligible due to a positive NCAA drug test, the institution from which the student-athlete transfers must notify the transfer institution regarding the positive drug test result.

If the student-athlete tests positive a second time for the use of any drug, other than a "street drug" as defined in Bylaw 31.2.3.1, he or she shall lose all remaining regular-season and postseason eligibility in all sports. A combination of two positive tests involving street drugs (e.g., marijuana, heroin) in whatever order, will result in the loss of an additional year of eligibility (Bylaw 18.4.1.5.1). In addition, 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 street drug.

If the student-athlete tests positive for the use of a "street drug" after being restored to eligibility, he or she shall be charged with the loss of a minimum of one additional season of competition in all sports and also shall remain **ineligible** for regular-season and postseason competition at least through the next calendar year. If the student-athlete transfers to another NCAA institution while ineligible, the institution from which the student-athlete transferred must notify the institution that the student-athlete is ineligible due to a positive drug test result. If the student-athlete immediately transfers to a non-NCAA institution while ineligible and competes in collegiate competition within the 365-day period at a non-NCAA institution, the student-athlete will be ineligible for all NCAA regular-season and postseason competition until the student-athlete does not compete in collegiate competition for a 365-day period. Additionally, the student-athlete must retest negative (in accordance with the testing methods authorized by the Executive Committee) and request that eligibility be restored by the NCAA Division I Academic/Eligibility/Compliance Cabinet. (Bylaw 18.4.1.5.1)

The Executive Committee shall adopt a list of banned drug classes and shall authorize methods for drug testing of student-athletes on a year-round basis. This list of banned drug classes and the procedure for informing member institutions about authorized methods for drug testing are set forth in Bylaws 31.2.3.1 and 31.2.3.3 respectively. The list is subject to change and the institution and student-athlete shall be held accountable for all banned drug

classes on the current list (Attachment). The list is located on the NCAA Web site (www.ncaa.org) or may be obtained from the NCAA health and safety staff in Education Outreach. (Bylaw 18.4.1.5.2)

You agree to allow the NCAA to test you in relation to any participation by you in any NCAA championship or in any postseason football game certified by the NCAA for the banned drugs listed in Bylaw 31.2.3.1. Additionally, if you participate in a Division I NCAA sport, you also agree to be tested on a year-round basis for anabolic agents, diuretics, ephedrine and urine manipulators and peptide hormones. You agree to allow your drug-test sample to be used by the NCAA drug-testing laboratories for research purposes to improve drug-testing detection. Individual samples will not be personally identified.

You were provided an opportunity to review the procedures for NCAA drug testing that are described in the NCAA Drug-Testing Program brochure.

You understand that this consent and the results of your drug tests, if any, only will be disclosed in accordance with the provisions of the Buckley Amendment consent.

You agree to disclose your drug-testing results only for purposes related to your eligibility for participation in regular-season and postseason competition.

You affirm that you understand that if you sign this statement falsely or erroneously, you violate NCAA legislation on ethical conduct, and you will further jeopardize your eligibility.

| | | |
|---------------------|---|-----|
| Date | Signature of student-athlete | |
| Date | Signature of Parent (if student-athlete is a minor) | |
| Name (please print) | Date of Birth | Age |
| Home Address | | |
| Sport(s) | | |

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 in the director of athletics office for **six years**.

NCAA Banned-Drug Classes 2006-2007

The NCAA list of banned-drug classes is subject to change by the NCAA Executive Committee. Contact NCAA education services or www.ncaa.org/health-safety for the current list. The term "related compounds" comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain NCAA banned substances. In addition, the U.S. Food and Drug Administration (FDA) 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.

Bylaw 31.2.3. Banned Drugs

The following is a list of banned-drug classes, with examples of substances under each class:

| | | |
|---------------------------------|----------------------------|------------------------------|
| (a) Stimulants: | | |
| amiphenazole | methylenedioxyamphetamines | diethylpropion |
| amphetamine | (MDMA, ecstasy) | dimethylamphetamine |
| bemigrade | methylphenidate | doxapram |
| benzphetamine | nikethamide | ephedrine |
| bromantan | pemoline | (ephedra, ma huang) |
| caffeine ¹ (guarana) | pentetrazol | ethamivan |
| chlorphentermine | phendimetrazine | ethylamphetamine |
| cocaine | phenmetrazine | fencamfamine |
| cropropamide | phentermine | meclofenoxate |
| crothetamide | phenylephrine | methamphetamine |
| | | phenylpropanolamine (ppa) |
| | | picrotoxine |
| | | pipradol |
| | | prolintane |
| | | strychnine |
| | | synephrine |
| | | (citrus aurantium, zhi shi, |
| | | bitter orange) |
| | | and related compounds |

(b) Anabolic Agents:

anabolic steroids

| | | | |
|--------------------------------------|--------------------|-------------------------|--|
| androstenediol | methyltestosterone | (DHT) dromostanolone | testosterone ² tetrahydrogestrinone (THG) |
| androstenedione | nandrolone | | trenbolone |
| boldenone | norandrostenediol | epitrenbolone | and related compounds |
| clostebol | norandrostenedione | fluoxymesterone | |
| dehydrochloromethyl- testosterone | norethandrolone | gestrinone | |
| dehydroepiandro- sterone (DHEA) | oxandrolone | mesterolone | <u>other anabolic agents</u> |
| dihydrotestosterone | oxymesterone | methandienone | clenbuterol |
| | oxymetholone | methenolone | |
| | stanozolol | | |

(c) Substances Banned for Specific Sports:

Rifle:

| | |
|------------|------------------------------|
| alcohol | pindolol |
| atenolol | propranolol |
| metoprolol | timolol |
| nadolol | and related compounds |

(d) Diuretics:

| | | | |
|---------------------|---------------------|-----------------|------------------------------|
| acetazolamide | hydrochlorothiazide | chlorthalidone | quinethazone |
| bendroflumethiazide | hydroflumethiazide | ethacrynic acid | spironolactone |
| benzthiazide | methyclothiazide | flumethiazide | triamterene |
| bumetanide | metolazone | furosemide | trichlormethiazide |
| chlorothiazide | polythiazide | | and related compounds |

(e) Street Drugs:

| | |
|------------------------|----------------------|
| heroin | tetrahydrocannabinol |
| marijuana ³ | (THC) ³ |

(f) Peptide Hormones and Analogues:

| | |
|-------------------------------------|-------------------------------------|
| corticotrophin (ACTH) | growth hormone(HGH, somatotrophin) |
| human chorionic gonadotrophin (hCG) | insulin like growth hormone (IGF-1) |
| leutenizing hormone (LH) | |

All the respective releasing factors of the above-mentioned substances also are banned:

| | |
|----------------------|------------|
| erythropoietin (EPO) | sermorelin |
| darbypoetin | |

(g) Definitions of positive depends on the following:

- 1 for caffeine—if the concentration in urine exceeds 15 micrograms/ml.
- 2 for testosterone—if the administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine to greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.
- 3 for marijuana and THC—if the concentration in the urine of THC metabolite exceeds 15 nanograms/ml.

Student-Athlete Authorization/Consent
for
Disclosure of Protected Health Information
to the
National Collegiate Athletic Association

I, _____ hereby authorize University of North Carolina at Charlotte
Name of Student-Athlete Name of my Institution

and its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics to the National Collegiate Athletic Association (NCAA) and its employees or agents.

I understand that my protected health information will be used only by the NCAA's Injury Surveillance System (ISS) for the purpose of conducting research on injuries resulting from training for or participation in athletics. The ISS is a longitudinal research database that provides the NCAA, NCAA sports rules committees, athletic conferences, researchers and individual schools with summary (aggregate) injury and participation information that does not identify individual athletes or schools. The summary data provide the Association and other groups with an information resource upon which to base health and safety rules and policy and to examine the effectiveness of such efforts.

I understand that my injury/illness information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that my institution will not condition or withhold any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA athletics.

I understand that while HIPAA regulations do not apply to the NCAA's use or disclosure of my injury/illness information, the NCAA is committed to protecting my privacy. I understand that the protected health information will be encoded before being transmitted from my institution to the NCAA and that neither the NCAA nor the ISS will identify me personally in any publication or disclosure of research results. Data will be stored on a secure server at the NCAA national office in Indianapolis, Indiana.

This authorization/consent expires 545 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the athletics director at my institution. I understand that a revocation takes effect on its request date and does not affect any action taken prior to that date.

Name (Please Print)

Signature of Student-Athlete

Date

UNC Charlotte Student Athlete Authorization/Consent for Disclosure of Protected Health Information or Education Records

Name (Print): _____ Student ID #: _____ Date of Birth: _____

I. Authorization and Consent to Disclose

By my signature(s) in this Section I, I authorize disclosure of my Protected Health Information (as defined under the Health Information Portability and Accountability Act (HIPAA)) or my education records (as defined under the Family Educational Rights and Privacy Act (FERPA)), as set forth in the paragraph preceding each signature.

1. Protected Health Information

I hereby authorize The University of North Carolina at Charlotte and authorized representatives of the Charlotte 49er Athletic Department to disclose information pertaining to my fitness to participate in intercollegiate athletics to my coaching staff, my strength coach, and UNC Charlotte administrative staff for the purpose of assessing or approving my participation, to the extent such information is needed for that purpose.

Signature of Student-Athlete

Date

I hereby authorize The University of North Carolina at Charlotte and authorized representatives of the Charlotte 49er Athletic Department to disclose information pertaining to the nature of any injury or illness during my training for and participation in intercollegiate athletics and my expected rehabilitation period, if any, to the UNC Charlotte media relations staff, members of the media, representatives of Atlantic 10, and my parents/legal guardians, for the purpose of conveying accurate information about my condition.

Signature of Student-Athlete

Date

2. Disclosure to My Parents/Legal Guardians

I hereby authorize and give consent to The University of North Carolina at Charlotte and authorized representatives of the Charlotte 49er Athletic Department to disclose to my parents/guardians information pertaining to my athletic performance, academic progress, injury or illness, and any other information relating to my participation in intercollegiate athletics, for the purpose of providing open communication between the Charlotte 49er Athletic Department and my parents/guardians.

Signature of Student-Athlete

Date

3. Directory Information

I hereby give consent to the UNC Charlotte media relations staff to disclose the following information about me other than Directory Information (as defined in UNC Charlotte Policy Statement #69, Student Records): my hometown, my familial information, and pertinent academic information (i.e. class, major, GPA and scholarships earned), for the purpose of promotion of the UNC Charlotte Athletics program.

Signature of Student-Athlete

Date

II. Acknowledgements

1. I understand that my Protected Health Information and my education records are protected by federal law and may not be disclosed without my authorization under HIPAA or my consent under FERPA, as applicable. I further understand that each of my signatures herein providing either authorization or consent to disclose is voluntary, and that UNC Charlotte may not condition any health care treatment or payment, enrollment in a health plan, or eligibility for any benefits on whether I provide the authorization or consent herein. I further understand that I am not required to provide authorization or consent hereunder in order to be eligible for participation in intercollegiate athletics at UNC Charlotte.

2. I understand that my authorization and consent to disclose as provided herein shall remain in effect until revoked by me, in writing, and delivered to the UNC Charlotte Director of Athletics, but that any such revocation shall not affect disclosures previously made by UNC Charlotte prior to the receipt of any such written revocation.

Signature of Student-Athlete

Date

UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Verification of Receipt of Documents

University of North Carolina at Charlotte Drug Testing/Education Program

I have received a copy of the University of North Carolina at Charlotte Division of Athletics Substance Abuse Program for student-athletes. I have read the policy, have been given the opportunity to ask questions about it, and fully understand its provisions, including the possibility of drug-testing based on probable cause.

I further understand that participation in, and compliance with, the policy is a condition of any participation in an intercollegiate sport at the University of North Carolina at Charlotte.

I agree, upon the request of the Associate Athletic Director for Internal Affairs or designee, to provide urine specimens for the sole purpose of determining the presence or absence of prohibited drugs set forth in the University of North Carolina at Charlotte's Drug Abuse, Prevention, Education, Screening and Counseling Program.

I authorize the Director of Athletics to release all information and records, including test results, with respect to my participation in the program to the designated individuals, as specified in the Department of Athletic's Substance Abuse Program.

I hereby release the University of North Carolina at Charlotte, its officers, and employees from liability arising from my participation or refusal to participate in the Program.

I have agreed to the above provisions and the requirements of the Drug Abuse, Prevention, Education, Screening and Counseling Program for Participants in Intercollegiate Athletics.

Signature of Student-Athlete

Date

Parent/Guardian (if under 18 years of age)

Date

Student-Athlete Handbook

I have received the Student-Athlete Handbook and understand that it is a reference that explains my obligation and responsibilities as a student-athlete at the University of North Carolina at Charlotte. I also understand that my Head Coach and the Associate Athletic Director for Internal Affairs are available to answer any questions I may have.

Signature of Student-Athlete

Date

UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
STUDENT-ATHLETE EMPLOYMENT
CERTIFICATION FORM

I understand that if I gain employment in the 2005-2006 Academic Year, I am obligated to inform the Director of Athletic Compliance. I also understand that I am obligated to represent the University of North Carolina at Charlotte by diligent work habits, honest communication, and respectful conduct toward my employer at all times.

If I am employed during the 2005-2006 Academic Year, I agree to abide by the following conditions and procedures:

1. I am responsible for the accuracy of my time records and pay.
2. I understand that I will be paid by check only for actual hours worked and at the same hourly rate as other employees performing similar work.
3. I will not accept any benefits or privileges that are not available to other employees doing similar work.

4. I acknowledge that I am to be treated in the same manner as any other employee.
5. I will immediately report to the Compliance Office any improper benefits or privileges offered to me or received by me.
6. I understand that the Compliance Office may contact my employer to evaluate my employment. In that regard, by signing this employment agreement, I give my permission for my employer to release any and all employment records or documents to the University or its authorized representatives.
7. I understand that any violation of the above procedures could constitute violation of the University of North Carolina at Charlotte, Atlantic 10, and NCAA regulations and this could affect my eligibility to compete in intercollegiate athletics.

Do you plan to work during the 2005-2006 Academic Year?

YES NO

Name (Please Print)

Social Security Number

Signature of Student-Athlete

Date

Social Security Number
Approval Form

Under The Federal Privacy Act of 1974, the University of North Carolina at Charlotte must ensure that the disclosure of your Social Security Number is voluntary, and is not required for your participation in collegiate athletics at Charlotte.

Upon your voluntary consent, UNC Charlotte Athletics Department will use your Social Security Number for the following purposes:

Atlantic 10 Eligibility Sheets
Diagnostic Testing
Doctors Appointments
Drug Testing
Employment Records
Insurance Claims
NCAA Clearinghouse

NCAA Reports and Forms
NCAA Squad Lists
NCAA Waiver Applications
Scholarships
Student Info. System Identification Number
Study Hall Scanner System

Please be aware that opting not to disclose your Social Security Number does not in any way prohibit your participation in collegiate athletics at Charlotte. If you choose not to disclose your Social Security Number for the purposes listed above, you will be issued a unique ID number for those purposes.

_____ **Yes**, the University of North Carolina at Charlotte may utilize my social security number for the specified purposes.

SSN: _____ - _____ - _____

_____ **No**, the University of North Carolina at Charlotte may not utilize my social security number for the specified purposes.

Name (Please Print)

Signature of Student-Athlete

Date