



UTAH VALLEY UNIVERSITY ATHLETICS

Athletic Clearance Packet A – 2009-2010

(Please return to LeAnne Riggs 801-863-8653 at the Wolverine Service Center (WSC) located in the Northwest Corner of Campus by the Testing Center)
****Be sure to fill in everything enclosed by a box****

| | |
|-----------|-------|
| Full Name | Sport |
|-----------|-------|

Packet A must be filled out in its entirety in order for UVU student-athletes to be cleared for athletic practice and competition. **Parent/guardian signatures are required UNLESS the student has his or her own insurance policy and is over 18 years old.**

Student Parent/Guardian *(Please Initial)*

 Part I: The information (including medical information) in Part I is accurate and voluntarily self-disclosed.

 Part II: I certify that the information provided identifying any vehicle owned or operated is accurate, and that the use of this vehicle does not violate NCAA legislation.

 Part III: 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 UVU liability in the event of injury/accident as expressed in the Consent and Liability Form. I have also read and signed the UVU Drug Testing Consent and Release of Liability Form.

 Part IV: I have read and understand the UVU Athletics Drug & Alcohol policy.

 Part V: I have read, understand, and agree to the terms in the UVU Athletics Department Health Insurance Policy and Insurance Summary.

 Part VI: Financial aid information completed.

Self/Spouse Parent/Guardian Who is the primary policy holder on your medical insurance?

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

| | | |
|-------------------------|------------|-------|
| Student Athlete Name: | Signature: | Date: |
| Parent/Guardian/Spouse: | Signature: | Date: |



UTAH VALLEY UNIVERSITY ATHLETICS

Student-Athlete Information

Packet A – Part 1 of 6 – 2009-2010

Personal Information

| | | | |
|--|------------------------------------|-----------------------------------|-------|
| Sport | SSN *new or transfer students only | UV ID | |
| Name (First) | (Middle) | (Last) | |
| Local Address (Street) | (City) | (State) | (Zip) |
| Local Phone | Email | | Date |
| Birth date: (mm/dd/yy) | | High School Grad Date: (mm/dd/yy) | |
| Were you a member of the MAWL (Mighty Athletic Wolverine League) last year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Status

Year in School: Freshman Sophomore Junior Senior
Sport Year: Redshirt Freshman Sophomore Junior Senior
Status: Returning UVU Student-Athlete Transfer Student-Athlete* New UVU Student-Athlete

***If you are a transfer student-athlete to UVU, please fill out information on all prior (two or four year) institutions attended:**

| | | |
|------------------|----------------|-------|
| Institution Name | Dates Attended | Sport |
| Institution Name | Dates Attended | Sport |

Ethnicity (check one)

African-American Alaskan Asian Caucasian Hispanic Native-American
 Pacific-Islander Other

Parental Information

| | | | | |
|------------------|------------|------------|-------|--|
| Father's Name | | Occupation | | |
| Job Title | | Address | | |
| City, State, Zip | Home Phone | Work Phone | Email | |

Parental Information (continued)

| | | | |
|------------------|------------|------------|-------|
| Mother's Name | | Occupation | |
| Job Title | | Address | |
| City, State, Zip | Home Phone | Work Phone | Email |

Is your Father's address your permanent address: Y N
 Is your Father's address your summer address: Y N
 Have your parent's joined the Wolverine Club: Y N

Is your Mother's address your permanent address: Y N
 Is your Mother's address your summer address: Y N

Summer Address (if different from above)

| | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

Emergency Contact Information (if different than parental information)

| | | | |
|------------------------|------------|------------|--|
| Emergency Contact Name | | Relation | |
| Home Phone | Cell Phone | Email | |
| Place of Employment | | Work Phone | |
| Emergency Contact Name | | Relation | |
| Home Phone | Cell Phone | Email | |
| Place of Employment | | Work Phone | |

Medical Information

| | |
|---|---|
| Regular Medications(s) | |
| Food/Drug Allergies | |
| Health Concerns | |
| Have you had your wisdom teeth removed? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Have you been diagnosed with ADD/ADHD? <input type="checkbox"/> Y <input type="checkbox"/> N | If yes, are you receiving medication? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Do you have a learning disability? <input type="checkbox"/> Y <input type="checkbox"/> N | Do you want to be tested for learning disabilities? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Do you have Celiac Disease? (This is usually tested for when you are an infant) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not Sure | |

Signatures

The information (including medical information) in Part I of Packet A is accurate and voluntarily self-disclosed.

| | |
|-----------------------------|------|
| Student Athlete (print) | Date |
| Student Athlete (signature) | Date |



UTAH VALLEY UNIVERSITY ATHLETICS

Automobile Information

Packet A – Part 2 of 6 – 2009-2010

Personal Information

| | | |
|--------------|--------|-------|
| Name (First) | (Last) | Sport |
|--------------|--------|-------|

Automobile Status

1. Do you have use of (regular possession regardless of ownership) any automobile during the current academic year? Y* N

*If you answered “yes” to question number one, skip to the automobile description section below. If you answered no, answer questions 2-4.

2. Do you occasionally borrow an automobile? Y N

3. If yes, is this individual a Utah Valley University student? Y N

4. If you borrow an automobile from someone other than a fellow student, please identify this individual below and your relationships with them:

| | |
|------|--------------|
| Name | Relationship |
|------|--------------|

Automobile Description

| | | | |
|----------------------|-------|-----------------------|-------|
| Make | Model | Year | Color |
| License Plate Number | | State of Registration | |

Ownership & Purchase Information

| | |
|---|--------------|
| Name of individual(s) who own this automobile | Relationship |
|---|--------------|

If you own this automobile, did anyone assist you in purchasing it? Y N Name: _____

To the best of your knowledge, is the individual who assisted you in purchasing this automobile a UVU alumnus, representative, booster, or staff member? Y N

| | |
|-------------------|---|
| Purchase Price \$ | Source of Funds (e.g. loan, savings, & parents) |
|-------------------|---|

Financing Information

Is there any outstanding loan on the auto? Y N

Is there an outstanding lease on the auto? Y N

| |
|---|
| Owner of the vehicle |
| Identify any co-signer or guarantor |
| Name of the dealership or individual from which you purchased this automobile |

Certification

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 NCAA extra benefits legislation.
- c. I have had the opportunity to ask the Compliance Office any questions about NCAA extra benefits legislation.
- d. I understand my obligation to file a new "Automobile Information" form with the Compliance Director should I obtain an automobile, or an automobile different than the one listed on this form. I know that I can obtain the "Automobile Information" form on UVU's Athletics Department website (www.wolverinegreen.com) and file the form with the Compliance Office at any time.

| | |
|---------------------------|------|
| Student athlete print | Date |
| Student athlete signature | Date |

Please return the completed form to:

UVU Athletics
Director of Compliance
800 West University Parkway
Orem, Utah 84058-5999
Phone: 801.863.8726
Fax: 801.863.8813



UTAH VALLEY UNIVERSITY ATHLETICS

Consent & Liability Release Form

Packet A – Part 3 of 6 – 2009-2010

Emergency Medical Release

In the event of a medical emergency, and if 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 University to see that my 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 University, 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 UVU Athletic Department Health Insurance Policy and Insurance Summary.

The Athletics Department will pay benefits after the student-athlete's primary insurance deductible is met for two years (104 week) from the date of my athletic injury or illness. I further understand that I will need to complete any and all necessary treatment during this two year (104 week) time period. After the end of the two year (104 week) coverage period, Utah Valley University will be absolved of from any further financial responsibility for my athletic injury or illness. I fully understand and will abide by the terms and conditions as stated above.

Drug Testing Consent

I consent to the Utah Valley University Athletics Drug Testing Policy and 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 UVU. 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 (UVU's 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 University Athletics Department, Utah Valley University Drug Counselor, Head Coach of any intercollegiate sport of which I am a team member, and the Athletics Director 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 Utah Valley University, the Athletics 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.

Signatures

I have read and understand Section III of Packet A, "Consent and Liability Release Form."

| | |
|-----------------------------|-------|
| Student Athlete (print) | Sport |
| Student Athlete (signature) | Date |
| Parent Signature (if minor) | Date |



UTAH VALLEY UNIVERSITY ATHLETICS

Drug & Alcohol Policy

Packet A – Part 4 of 6 – 2009-2010

I: Athletic Drug Policy

All student-athletes at Utah Valley University 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: Purpose of the Drug Policy

The primary purpose for the Drug Policy at UVU 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 University will provide educational programs every semester to alert student-athletes 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 UVU Athletics.

C. Confidentiality of Test Results

All information and records associated with the UVU 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 University Athletics and/or Sports Medicine.
7. Office of General Counsel.
8. Hearing Office, if an appeal is requested.
9. Other UVU 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 (www.ncaa.org/health-safety) 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 anything they ingest."

E. Frequency of Screening

Includes Tests by UVU, NCAA, and Other Organizations

For testing administered by or on behalf of UVU, 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 UVU:

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 UVU. 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.

UVU 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

UVU encourages students to seek assistance for problem drug and alcohol use. All student-athletes testing positive will be required to attend counseling at the university's Wellness Education center. They will be enrolled in the university'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 university 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 and 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 UVU athletic administration.
2. The student-athlete shall remain ineligible until he/she retests negative, and student-athlete'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. 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.

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 student-athlete'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."
12. 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.

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 lose 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 university if deemed necessary by the Director of Athletics and VP for Student Affairs or his designee.
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 UVU 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 UVU facilities, or attend non-public UVU 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. UVU 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 UVU, 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 positive test result. 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 ten 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, UVU 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 UVU 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, UVU Athletics, and the hearing officer may also have an attorney or advisor present. The student-athlete must notify UVU 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 UVU Athletics.

Procedures

The hearing will follow the UVU 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 university policy is prohibited. Any student-athlete found in violation may be subject to legal, university, and/or team disciplinary actions.

VIII: Alcohol & Tobacco Policy

Utah Valley University 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 officially informed of an impending drug test by the UVU sports medicine staff or designee.
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 UVU, the NCAA, or any university sanctioned or supported event or event at which the student is representing UVU.

A coach may encourage a student athlete to enter the Safe Harbor Program, if eligible, prior to requesting a drug test be performed on that specific student athlete.

A. Treatment Plan

After a student has entered into the Safe Harbor Program, Utah Valley University 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.

Student athletes are restricted to one Safe Harbor opportunity per semester. Safe Harbor privileges may be revoked to maintain the integrity of the drug test program. A student athlete will be tested upon entrance into the Safe Harbor Program.

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 to 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 University 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 maybe informed only to the extent necessary for the implementation of this policy.

Certification and Signature

I have read and understand the UVU Athletics Drug & Alcohol Policy.

| | |
|-----------------------------|------|
| Student Athlete (print) | Date |
| Student Athlete (signature) | Date |



UTAH VALLEY UNIVERSITY ATHLETICS

Health Insurance Policy

Packet A – Part 5 of 6 – 2009-2010

Participants in intercollegiate athletics assume the risk of injury. Utah Valley University's Athletics Department and staff have taken reasonable precautions to minimize potential injuries to student-athletes. Student-athletes and their parents/guardians are required to provide student-athlete health insurance coverage, as well as assume potential injury costs, while participating in intercollegiate sports.

Utah Valley University's Athletics Department requires **ALL** student-athletes to carry primary health insurance (valid in Utah) that covers non-emergency care and injuries or accidents sustained while participating in intercollegiate athletics. Utah Valley University is required by NCAA bylaw 3.2.4.8 to certify each semester that a student-athlete's insurance covers accident and injury sustained while participating in intercollegiate athletics.

It is the responsibility of the student-athlete and their parent or 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 University. Self-insurance is not accepted as a means of primary coverage.

Student-athletes are NOT allowed to practice, compete, or participate in any type of physical activity with a Utah Valley University athletic program, or at a UVU athletic facility, until proof of proper coverage is provided.

Utah Valley University's Athletics 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 University during the academic year. Utah Valley University does not provide health insurance coverage for sickness or illness.

Access to this secondary coverage is limited by restrictions and requirements (see "Insurance Summary" below). Student-athletes and their parents/guardians are responsible for understanding insurance summary 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. UVU Athletics will NOT take financial responsibility for those expenses.

Utah Valley University 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 community healthcare professionals. Access to UVU's secondary insurance coverage will be denied unless care is coordinated through a UVU certified athletic trainer. In order to provide excellent and consistent care, UVU has contracted with the Utah Valley Orthopedics & Sports Medicine (an Intermountain Healthcare Facility). Utah Valley Orthopedics & Sports Medicine accepts most traditional insurance plans. They do not accept CCN, PHCS, Cigna, Great-West, 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 Utah Valley Orthopedics & Sports Medicine.

Student-athletes who do not have primary insurance, or are covered under an HMO type policy that is not valid within the State of Utah, are fully responsible for any and all expenses 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 contact Karen Leonardi at 801-546-6004 or email her at kleonardi@FBAbenefits.com. Please note that purchasing an insurance plan is a personal choice and decision, and that UVU Athletics does not endorse or recommend any specific insurance provider.

Utah Valley University's Athletics 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.

Insurance Summary

Student-Athlete / Parent / Guardian Responsibility:

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

Student-Athlete Primary Insurance:

1. **Recommended:** \$500 deductible or less.
2. **Recommended:** Primary Insurance covers 80% or more of Usual, Customary, Reasonable (UCR).
3. **Recommended:** Student-athlete remains within-network for coverage. UVU 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.
4. **Must** be valid in Utah and cover participation in intercollegiate athletics.
5. **Must** cover non-emergency medical services.
6. Self-Insurance is **not acceptable** as proof of coverage.

Utah Valley University Athletic Secondary Insurance:

1. Only covers care coordinated through UVU certified athletic trainers
2. Only covers student-athletes that have been medically cleared for participation by UVU Athletic Medical Staff (Pre-existing injuries prior to initial participation will NOT be covered)
3. Covers up to \$500 total in costs for co-pays & deductibles per student-athlete, per policy year (August 1-July 31).
4. Covers up to 20 percent of residual UCR, within primary insurance carrier's network, for major medical due to accident or injury that is incidental to intercollegiate athletic participation. Twenty percent will only be paid by UVU Athletic Secondary Insurance after primary insurance and/or student-athlete / parent / guardian has paid 80 percent of charges.
5. Covers physical therapy with maximum lifetime benefit of \$1,500
6. Covers prescription drugs as follows: 100 percent of Rx co-pay if prescription is on primary insurance's Preferred Drug List; 80 percent of generic Rx cost if UVU is paying primary as tied to prescription coverage for accident and injury incidental to intercollegiate athletic participation.
7. Covers orthotics related to athletic injury sustained at UVU and diagnosed by UVU team physician. Covers 100% of first pair up to \$500, and up to 50% (\$250) for replacement pair while actively participating in UVU athletics. Does not cover lost or stolen orthotics.
8. **DOES NOT COVER** sickness or illness. UVU Medical Staff are 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.
9. **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."
10. **DOES NOT COVER** dental care unless specific injury is determined to be the cause of injury due to participation in intercollegiate athletics.

(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).

Verification

I have read and understand Utah Valley University Athletics Department's Health Insurance Policy. I agree to provide valid coverage for named student-athlete, provide proof of insurance coverage, to immediately notify the UVU Athletics 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 University 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 (print) | (Signature) | Date |
|-------------------------|-------------|------|



UTAH VALLEY UNIVERSITY ATHLETICS

Additional Financial Information

Packet A – Part 6 of 6 – 2009-2010

| | | |
|--------------|----------|------------|
| Name (First) | (Middle) | (Last) |
| UV ID | Sport | Cell Phone |
| Local Phone | Email | Date |

| |
|--|
| Have you applied for federal financial aid? <input type="checkbox"/> Y <input type="checkbox"/> N |
|--|

Please check any of the following circumstances that you anticipate as problematic as you enter the upcoming academic year:

Married (or plan to marry within academic year)

Single parent

Loss of income

Unusual medical expenses

Unusual income received in 2008

Other (please specify): _____



\$20 to Join

(Discounted rate of \$15 for any UVU Club/Organization ... must purchase as a group to get the discount ... 6 or more people is considered a club/organization)

**** MAWL MEMBER BENEFITS ****

- ~ Free Admission to every NCAA home game
- ~ Free Food at tailgate parties
 - ~ MAWL T-Shirt
 - ~ MAWL Wristband
 - ~ Monthly Giveaways!
- ... AND MUCH MUCH MORE!

MEMBER INFORMATION:

NAME: _____

UV ID: _____

EMAIL: _____

CELL PHONE: _____

T-SHIRT SIZE: _____

ARE YOU A MEMBER OF FACEBOOK? YES NO

ARE YOU A MEMBER OF TWITTER? YES NO

RETURN THIS FORM TO CAMPUS CONNECTION IN THE STUDENT CENTER TO PURCHASE YOUR MAWL MEMBERSHIP!
FOR CLUB/ORGANIZATION MEMBERSHIPS: STAPLE ALL THE INDIVIDUAL FORMS TOGETHER AND WRITE YOUR CLUB/ORGANIZATION NAME AT THE TOP OF THE FIRST FORM. ONLY ONE REPRESENTATIVE FROM EACH GROUP NEEDS TO SUBMIT THE MONEY AND FORMS TO CAMPUS CONNECTION.

GO TO THE MAWL WEB PAGE AT:

www.WolverineGreen.com

SAVE THE DATE: September 1st – MAWL-APALOOZA