Walla Walla Community College
Athletic Department
500 Tausick Way
Walla Walla, WA 99362-9267
Phone: (509) 527-4306
Fax: (509) 527-4321

Dear Student-Athlete and Parents:

We are providing you with forms which ***must be returned prior to participating in practice and contests***. We prefer receiving them by mid-summer and prior to your campus arrival on opening day. They must be on file and accounted for by the first day of participation. Please write neatly and make sure your name is legible on all forms.

The forms are listed and briefly explained as follows:

1. **PHYSICAL EXAM**
   Physical exam by your personal physician prior to opening day. Required form by the Northwest Athletic Conference (NWAC). Take this form with you when you go for your physical. Your **doctor** will complete **pages five and six**. **You will complete pages one through four.** You will need to return the completed form to the Athletic Department at Walla Walla Community College.

2. **PARENTS INSURANCE INFORMATION**
   (See letter of explanation)
   In case of an athletic injury ***your personal insurance is primary coverage***. The automatic college insurance coverage is **secondary** with a $500.00 deductible.

3. **SUBSTANCE ABUSE GUIDELINES**
   The Walla Walla Community College athletic department has a zero tolerance policy for substance abuse. Information is enclosed outlining WWCC's policy and the agreement between WWCC and the student-athlete for substance abuse testing.

4. **ACKNOWLEDGEMENT OF WWCC ATHLETIC DEPARTMENT SUBSTANCE ABUSE GUIDELINES AND CONSENT TO URINALYSIS TESTING**
   Consent to have a sample of urine collected and tested for the presence of certain drugs or substances. Further authorizes WWCC to make a confidential release of information on a urinalysis test that has been confirmed positive.

5. **ATHLETIC QUESTIONNAIRE / RECRUITING DISCLAIMER**
   A questionnaire regarding previous attendance at college institutions and participation in intercollegiate sports.

6. **AUTHORIZATION FOR MUTUAL EXCHANGE OF CONFIDENTIAL INFORMATION**
   Your signature on this form allows us to share your academic records with other colleges for recruiting purposes, as well as the Northwest Athletic Conference (NWAC) for eligibility.

7. **HAZARDS & RISKS**
   A warning which lists many of the physical hazards and risks of injury particular to your chosen sport. It alerts you to the knowledge that on rare occasions serious injury and deaths do occur. You sign with the knowledge that you are aware of these hazards and risks.