



Student Athlete Handbook

2011-2012



A. Message from the Athletic Director

Dear Dakota State University Student-Athlete:

Congratulations! As a student participating in the athletic program here at Dakota State University, you have a unique opportunity not only to contribute to your own personal development, but also to gain respect and success for you, your teammates, the University and the community.

Being a student-athlete is challenging and demanding, with the pressures of your studies, your sport involvement and your social life battling for your time. We are here to help you balance those commitments; there are a number of people and programs here at the University to help you get the most from your college experience. Many of these are explained in this handbook, which we hope you will refer to often during your college years. We want you to reach your fullest potential, culminating in the day you receive your degree from Dakota State University.

As the Athletic Director, I take pride in the outstanding young men and women who represent Dakota State University. I hope you will take advantage of these years to gain an education you can be proud of and utilize the rest of your life.

Gene Wockenfuss

*Gene Wockenfuss '83
Director of Athletics
Dakota State University*

The information in this handbook is intended to inform the Dakota State University student-athlete about the Athletic Department, NAIA and conference policies and procedures. When a new policy is introduced or an existing policy is modified, the new or modified policy will be distributed to affected persons either by posting it on the bulletin board at the Fieldhouse or on the athletic web site. Copies will also be available in the Athletic office.

B. MISSION STATEMENT ON ATHLETICS

The mission of Dakota State University Intercollegiate Athletics is to provide a positive quality athletic experience that will develop student-athletes intellectually, emotionally, physically, and socially. Our athletic program is broad-based and strives for excellence in all sports. The NAIA Champions of Character program has established five core values that go well beyond the playing field to the daily decisions of our youth. These character values help young people — and those associated with their development — make good choices in all aspects of their life and reflect the true spirit of competition. These values are: Integrity, Respect, Responsibility, Sportsmanship and Servant Leadership.

Dakota State University intends to operate its intercollegiate athletic program in keeping with the finest American traditions and within the principles, rules, and regulations of the NAIA. Any athlete of the University's Athletic Department who knowingly or implicitly encourages, suggests, or violates any regulation of the National Association of Intercollegiate Athletics (NAIA) or Dakota State University is subject to disciplinary action.

C. THE STUDENT-ATHLETE AT DAKOTA STATE UNIVERSITY

Student-athletes at DSU will be enrolled in a degree program that will enable them to obtain, minimally, a four-year bachelor's degree. Academic progress of the student-athlete must take precedence over matters related purely to intercollegiate athletics. Athletic talent will not be exploited at the expense of the educational and personal development of the student-athlete. The University will coordinate the necessary support services to ensure the well being of those who compete in Intercollegiate Athletics. The University will provide the best available coaching leadership, facilities, and equipment consistent with its fiscal resources. Student-athletes shall accept the responsibility of becoming effective, contributing members of the University community and serving as positive influences on campus.

By means of various recruiting resources, the University athletic program seeks to attract student-athletes who display a realistic potential to graduate within the academic curriculum. Men and women who participate in the intercollegiate athletic program at DSU are expected to maintain the academic standards required of all students at the university and adhere to applicable NAIA regulations. The University realizes the publicity that an athletic program attracts and intends to recruit student-athletes who reflect an image consistent with the institutional aims of learning and higher education.

D. DSU PROFILE

Admissions: For Enrollment Services or more information, please call 1-888-378-9988.

Administration: Dr. Doug Knowlton, President; Dr. Cecelia Wittmayer, Vice President for Academic Affairs; Stacy Krusemark, Vice President for Business Affairs; Jesse Wise, Vice President and Dean of Student Affairs; Judy Payne, Director of Development; Pat Keating, Director of Physical Plant; Ethelle Bean, Director of Library; and Gene Wockenfuss, Director of Athletics.

Facilities: Dakota State University campus encompasses 17 buildings. Facilities include a state-of-the-art Community Center complex that features a multi-purpose arena, basketball courts, running/walking track, fitness room, climbing wall, racquetball courts, and swimming pool. Trojan Field is located just east of the Community Center, with its bright blue bleachers, and state-of-the-art press box and skyboxes. Seating capacity at the stadium is 3,000. In addition, Trojan Field boasts an 8-lane, all weather track and field competition area. DSU's softball and baseball teams take to the diamonds at Thue and Flynn Field, which are a shared complex with the City of Madison. The DSU Field House is the home competition arena when the DSU basketball and volleyball teams play in Madison. Seating capacity is at 1,500, with bleachers surrounding the parquet-style, wooden floor. The athletic teams are also privileged to have their own athletic weight room, which is located in Zimmermann Hall.

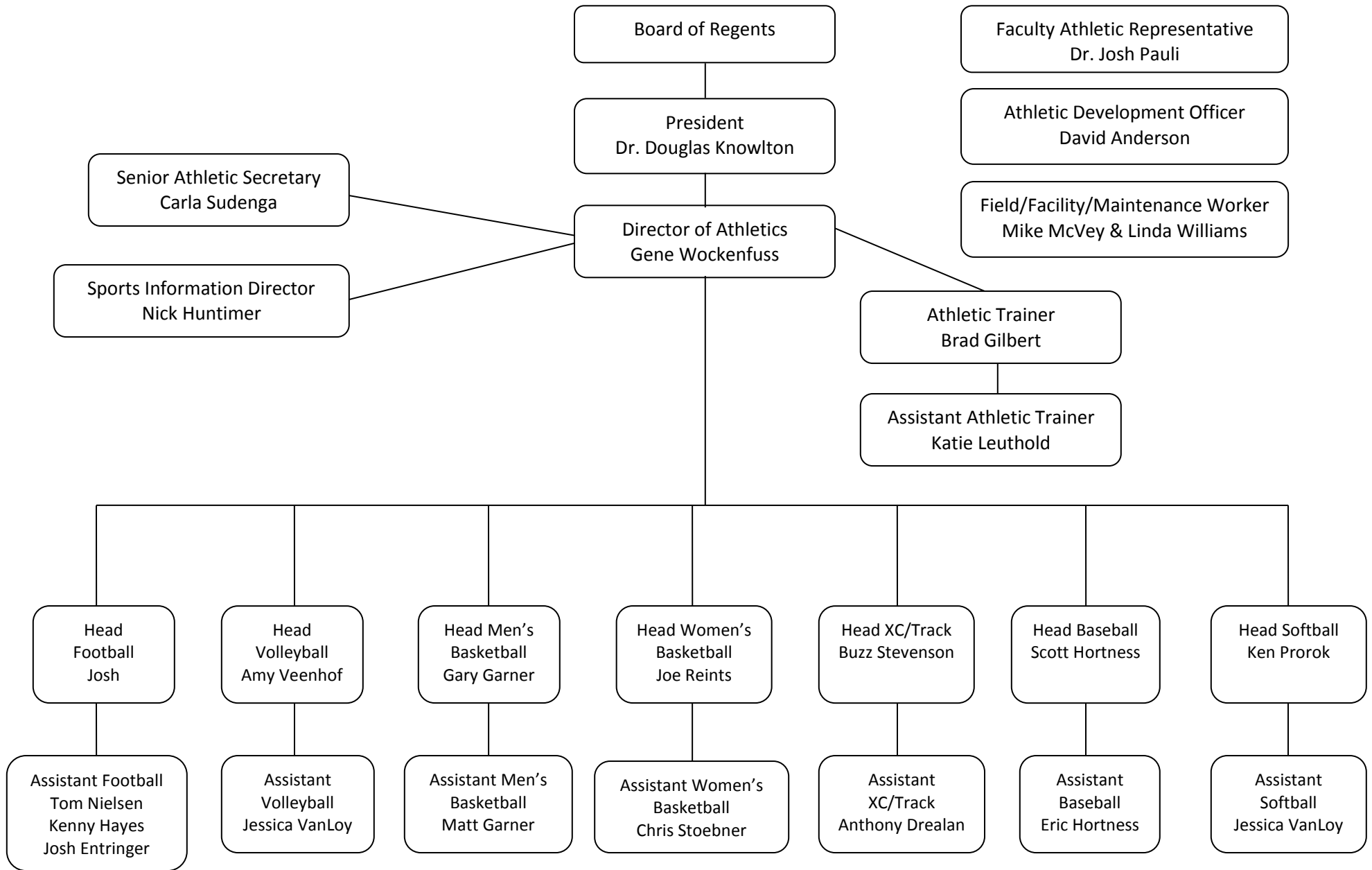
Financial Aid: For an application or more information, call 1-888-378-9988.

Major Academic Divisions: Bachelor of Arts, Bachelor of Business Administration, Bachelor of Science, Associate of Arts, Associate of Science, pre-professional advisement programs, and Master of Science Degrees in Information Systems and Education.

Dakota State University is located at 820 North Washington Avenue, Madison, SD 57042. DSU is a participating member of the National Association of Intercollegiate Athletics (NAIA).

Founded:	1881
Colors:	Royal Blue and Laker Gold
Nickname:	Men: Trojans Women: Lady Trojans

E. ATHLETIC DEPARTMENT ORGANIZATIONAL CHART



F. UNIVERSITY DIRECTORY

Academics:

Telephone Number (605)

Academic Vice President	256-5112
Advising	256-5146
Academic Learning Center – Tutors	256-5267
Business & Information Systems Fax# 256-5060	256-5165
Graduate Programs Office	256-5362
Health & Information Management Programs	256-5170
Liberal Arts Fax# 256-5021	256-5270
Natural Sciences Fax# 256-5643	256-5194
Respiratory Care Fax# 322-6666	332-8613
Education.....	256-5177

Administrative Departments:

Alumni	256-5857
Athletics Fax# 256-5138	256-5229
Bookstore Fax# 256-7127	256-5238
Business Office.....	256-5127
Cashier	256-5133
Computing Services Fax# 256-5315	256-5675
Diversity Office.....	256-5854
Enrollment Services Fax# 256-5020	256-5139
Financial Aid/Work Study/Vets	256-5152
Human Resources Director.....	256-5129
Registrar.....	256-5144
ID Cards	256-5146
Library Fax# 256-5208	256-5203
Physical Plant Fax# 256-7110	256-5222
Presidents' Office Fax# 256-5316	256-5112
Placement/Career Counseling	256-5122
Residence Life	256-5146
Student Employment	256-5155
Athletic Training Room.....	256-5230
Athletic Weight Room.	256-5298
Student Services Office/Counseling.....	256-5121

Coaches

Baseball	256-5232	Basketball – Men	256-5234
Basketball – Women	256-5246	Football	256-5656
Softball	256-5846	Volleyball	256-5689
X Country/Track	256-5236	X Country/Track	256- 5001

Other

Community Center	256-5837	Security	256-5222
Intramurals	256-7550	Campus Ministry	256-5061
Parking	256-5222	FAR	256-5181

Hall Directors

Emry Hall	256-5639	Richardson Hall	256-5641
Higbie Hall	256-5640	Zimmermann Hall	256-5642

II. POLICIES AND PROCEDURES

A. COMMUNITY AWARENESS AND SERVICE PROGRAM

The athletic department encourages student-athletes to participate in activities where they can share their talents and experience with others. The athletic department will provide a variety of opportunities for community service in conjunction with local schools, retirement homes, hospitals and other community groups.

B. SPORTS SEASONS

The following is a list of sports season starting dates. Athletes are expected to report promptly on their opening day, as directed by their coaches.

Sport	Beginning Date for the 2011–2012 school year:
Football	August 13 (<i>on field</i>) The first 2 practice days will be non-contact practice (<i>helmets only</i>)
Volleyball	August 13 (<i>on court</i>)
X Country M/W	August 24
Basketball M/W	Follow the NAIA 24 week Rule
Track M/W	Indoor – October 1 Outdoor – February 1
Baseball	February 1
Softball	February 1

Coaches are responsible for adhering to all special NAIA or conference stipulations.

The team's approved playing season must be on file in the Athletic Director's office before the initial practice session. Any deviation must have approval of the Director of Athletics. All seasons end with NAIA Championships.

PRACTICES –

The starting IN-SEASON PRACTICE date for all sports will be the date established by the NAIA and DSU Athletic Director. Each sport shall have a maximum 24-week practice and competition season established by each member institution. Frequency of play, practice and scheduling policies shall be applied only during the period of August 1 to May 15. Frequency of play, practice, and scheduling outside of this period is governed by each member institution and will not be regulated by the NAIA.

There shall be no more than three break periods during the 24 weeks. NAIA approved postseason participation shall not be counted as part of the 24-week period. A week is defined as Sunday (12:01 a.m.) through Saturday (11:59 p.m.). Any practice or competition during this period shall constitute one of the 24 weeks permitted.

EXCEPTION: Practice activities occurring between the deadline for the sport's completion of conference/independent/unaffiliated competition and the team's participation in its final contest in NAIA-

approved postseason shall not count towards the team's 24-week season. Once teams are selected for NAIA-approved postseason, institutions not selected for the NAIA-approved postseason must cease practice activities or comply thereafter with the restrictions of the 24-week rule. Teams selected to participate in NAIA-approved.

The starting IN-SEASON PRACTICE date for all fall sports is not before August 1st. The starting IN-SEASON PRACTICE date for all winter sports will follow the NAIA 24 week rule. The starting IN-SEASON PRACTICE date for all spring sports is February 1.

C. TEAM TRAVEL

Class Excuses

Each student-athlete is expected to make arrangements with class instructors **prior** to travel. The student-athlete will be responsible for all material covered in missed class, assignments given out during missed classes and work due to classes missed because of travel. (*See attachment H*) Head coaches are also responsible for e-mailing names of student-athletes to faculty and staff 2 days prior to traveling. (*Leaving and returning specifics should also be included.*)

D. ETHICAL CONDUCT

All student-athletes should compete with pride and respect for their University as well as for their opponents. Fair, sports-like actions are encouraged and expected of all DSU student-athletes, who should remember that participating in intercollegiate athletics at DSU is a privilege, not a right. Student-athletes who do not comply may be subject to disciplinary action.

E. SOCIAL MEDIA

Social Media: Student-athletes should recognize that twitter and facebook posts OFTEN go beyond their intended audience, and should **1.** Never post anything they do not want everyone in the world to see at any point in the future. **2.** Be mindful that even in short posts, they are representing DSU athletics.

F. EXIT INTERVIEWS

The Athletic Director will conduct confidential interviews of selected student-athletes at the conclusion of each academic year. Student-athletes will be randomly selected to discuss and provide input on a range of athletic issues to better assess individual athletic programs and the policies of the Athletic Department. The identity of selected student-athletes will be kept confidential.

G. GAMBLING ACTIVITIES

Any student-athlete or coach shall not knowingly:
Provide information to individuals involved in organized gambling or gaming activities concerning intercollegiate athletic competition; solicit a bet on any intercollegiate team; accept a bet on any team representing the institution; or participate in any gambling activity that involves intercollegiate athletics through a bookmaker, a parlay card or any other method employed by organized gambling or gaming. Student-athletes involved in these activities may be subject to disciplinary action.

H. INSURANCE

ALL PLAYERS MUST CARRY MEDICAL INSURANCE! Additionally, students must complete an insurance information form prior to the start of their sport(s) season. (See *Attachment B.*) Insurance cards may be copied and kept on record accompanying the DSU Insurance Form.

International Student Athletes:

Are required by the South Dakota Board of Regents and the NAIA to be covered by a US Health Care Insurance plan. The DSU approved plan for international student athletes is Dakota Care (<https://one.dakotacare.com/generalpages/page2coverage.aspx>). We recommend the White Plan with \$2,500 deductible, Coinsurance of 20% up to \$3,000, Value Plus (includes repatriation and medical evacuation). This plan covers the required benefits outlined by both the SD BOR and NAIA. You must be covered for your entire stay in the US.

Background information: The NAIA organization requires ALL NAIA member schools to carry the Catastrophic Insurance policy, which DSU does carry. ALL student athletes (domestic and international) are required by DSU and the Board of Regents to carry a policy that will cover the \$ 25,000 deductible on DSU's Catastrophic Insurance policy. There is no gray area. You MUST have a policy that covers the \$25,000 deductible, if you participate in athletics.

Once you have purchased the insurance, please submit a copy of your receipt, insurance card, and explanation of benefits outlining your coverage to jacy.fry@dsu.edu in order to stay compliant with University and Athletic policies.

It is also strongly advised that you purchase travel insurance to cover you until you arrive in South Dakota and enroll in this plan.

If you or your parents have any questions pertaining to the covered benefits, please contact David Johnson from Dakota Care: phone: 605.274.3229 or email: djohnson@dakotacare.com

I. ASSUMPTION OF RISK

The risk of injury is always present when a student is engaged in intercollegiate athletics. Therefore all athletes must have on file with the Athletic Director a signed assumption of risk statement prior to being involved with practices or competitions. (See *Attachment C*)

J. HOUSING

On-Campus Housing Policy for Students

A residence hall contract must be signed for the academic year (*or the remaining portion thereof*) by all residential students before moving into their hall. Student's eligible or becoming eligible to live off campus may do so for the second semester if they so advise the Residence Life Office by December 1.

A student having made contract and wishing to cancel, must so request in writing to the Residence Life Office by August 1 (*or December 1*) in order to have their \$50 room deposit returned to them.

Students having made contract and expecting to arrive on campus after the beginning of classes must provide the Residence Life Office with prior notice in order to hold their room preference. Upon being issued a key to their room, the student accepts a contractual obligation for the room.

This contract cannot be terminated by a student during the course of a semester, unless enrollment is terminated, except in fully documented situations of unanticipated personal emergency where approval is granted by the Dean of Student Affairs.

When withdrawing from the University or in the case of administrative or disciplinary suspension, a student is expected to remove himself or herself with all personal property from the hall within twenty-four hours of the termination of his or her enrollment. A student not returning for a subsequent semester must remove all personal belongings from the hall prior to the beginning of the next semester. Failure to do so will result in a \$50 monetary penalty and a \$15 per day storage charge.

The residence halls are closed for the Thanksgiving holiday, semester break, spring break and Easter holiday. **Those athletes who need to stay in the halls over a holiday break must obtain a Vacation Housing form from their resident director, and complete it and return it prior to the break.** Coaches must get approval from Student Services in order for teams to stay in residence halls on-campus when residence halls are closed.

K. SPORTS INFORMATION

All student-athlete publicity and promotion information distributed to the media will be released through the athletic department with permission of the student-athlete. (See Attachment D)

Information regarding special accomplishments not readily available or known to the athletic department should be submitted to the Sports Information Office, so that the sports information office may help keep your parents, friends and relatives informed of your accomplishments while a student at DSU. This is also a way you can contribute to the success of your team by helping to recruit other students to DSU. Out-of-season and summer-term achievements, academic and non-academic recognition, and community service should be submitted in a timely manner. The student-athlete sports information profile, completed upon admission, should also acknowledge unusual talents, accomplishments or family successes, etc.

The student-athlete assumes a role as a representative of Dakota State University therefore, inheriting a responsibility to DSU, teammates, coaches, and fans to interact cooperatively with the media. The student athlete's head coach will assist student-athletes in fostering and developing a positive approach to the media. Student-athletes should realize that the opportunity to deal with the media is a learning experience in developing communication skills that will be helpful in their professional careers

All interviews with student-athletes must be cleared with the Athletic Director and student-athletes' head coach. If student-athletes encounter any problems with media, they should contact their head coach and Athletic Director immediately. The coaching staff will receive orientation and training regarding public relation procedures applicable to DSU athletic teams.

L. ATHLETIC TRAINING

1. Services Provided

The DSU athletic training staff offers the following services:

- Athletic first aid and emergency care
- Evaluation and diagnostic services
- Preventive programs
- Non-surgical treatment
- Rehabilitation
- Coverage of practice and games only

2. Medical Emergencies

Medical emergencies are conducted in the following manner:

- a. All emergencies will be evaluated by the Trainer/DSU Personnel at the site, whether practice or game situation
- b. Athletic Trainer/DSU Personnel in charge will determine if an ambulance will be used for transport of the athlete.
- c. Majority of transports will go to Madison Community Hospital, 903 North Washington Avenue, Madison, SD 57052. 605-256-6551, under special occasions some athletes may be transported to Avera McKennan Hospital in Sioux Falls, SD. 605-332-8000.
- d. The coach will be informed as to the condition of the athlete by the Athletic Trainer.
- e. The coach and the Athletic Trainer will inform the Athletic Director.

3. Press Relations - Medical Injuries

Press relations will be coordinated in the following order:

Any information concerning an athlete's medical condition will be given by the head coach and Athletic Director. (Athletes must have approved release of medical information by signing a release form prior to season)

4. Participation of Athletes Requiring Attention of a Physician and Pregnant Athletes

Dakota State University may require any student who has been temporarily disabled or who is pregnant, or whose condition requires the attention of a physician to provide certification of a health care provider satisfactory to the college that he/she is physically or emotionally able to continue participation in his/her sport or sports.

5. Training Room Regulations

- a. The training room is used by both male and female student-athletes. It is expected that both sexes recognize each other's rights to use the facility, and act respectfully towards one another.
- b. Athletes must be appropriately dressed for treatment.
- c. Rehabilitation and treatments are given by appointment. Training room times will be posted.
- d. Sports that are in-season have priority for treatments.
- e. Towels provided are NOT to be removed from the training room.
- f. The training room is not a lounge. NO LOITERING.
- g. All athletes, if able, will shower prior to being evaluated for an injury.
- h. No outdoor shoes at anytime, for any athlete, will be worn in the training room.
- i. No food or drink or tobacco in training room.
- j. Foul language will not be tolerated! Be considerate of your fellow student athletes.

*Any student-athlete violating training room rules will forfeit training room privileges and will be reported to the Head Coach.

6. Team Physicians

The Orthopedic Institute in Sioux Falls provides DSU's athletic team physicians. The Athletic Trainer will make appointments and referrals for all sports-related problems or injuries.

7. Annual Student-Athlete Physicals

All student-athletes that participate in athletics at DSU must have an annual physical, to be arranged by the DSU Training staff at the beginning of the school year. No athlete will be allowed to participate until their physical is complete.

8. Annual Student-Athlete Department Forms

All student-athletes that participate in athletics at DSU must complete ALL athletic department forms prior to the start of their teams' physical workouts. No athlete will be allowed to participate until forms are complete and filed with athletic director.

9. Emergency Telephone Numbers

Madison Police	911 or Non-Emergency 256-7531
Head Athletic Trainer	256-5230 (O) 427-4744 (H) 480-2608 (cell)
Madison Community Hospital	256-6551
Orthopedic & Sports Medicine Clinic	888-331-5890
Interlake's Medical Center	605-256-6951

M. ATHLETIC DEPARTMENT STUDENT COMPLAINT RESOLUTION PROCEDURE

(For Athletic Issues Not Governed by the Student Handbook)

Unless governed by the DSU Student Handbook, any student-athlete may file a complaint relating to athletics under this complaint resolution procedure. If there are questions about whether a complaint can be resolved under the Student Handbook, students should feel free to speak with the Athletic Director who can help in making that determination. The Dakota State University Athletic Department is committed to prompt resolution of all complaints or grievances.

The complaining party may consult formally and confidentially with the Athletic Director. If there is no satisfactory resolution of the complaint, the complaining party must provide the Athletic Director and the DSU Director of Human Resources with a written statement outlining the complaint, including identification of the substance of the complaint and persons involved, and the steps the complainant has taken to resolve the complaint. The Human Resources Director will take any action he/she determines will be helpful to investigate or resolve the complaint.

N. ATHLETIC WEIGHT ROOM RULES

1. Dakota State University student-athletes may use this facility, unless suspended by the Athletic Director.
2. No food, beverage products (unless approved by weight room supervisor) permitted in this facility at any time.
3. All lifters must use a spotter when using freestanding weights.
4. All weights and dumbbells must be kept off the floor when not in use. Do not drop weights on floor. Rack all weights and dumbbells when finished.

5. Proper shoes and clothing are required and must be worn at all times. No cleats or spikes permitted.
6. Weight collars must be used at all times.
7. No excessive noise, rowdiness, foul language or offensive behavior permitted in this facility. Be considerate of fellow lifters.
8. You will be asked to leave if you cannot follow the rules. Anyone caught stealing will be subject to disciplinary action under the DSU Student Handbook, and thefts may be reported to the local police.

Dakota State University athletes and coaches are expected to adhere to all weight room rules. Team use of the weight room should be coordinated with the facility coordinator. In-season sports have priority scheduling of the facility. If multiple sports are in season, prime hours will be alternated. Team or individual athlete use of the weight room is to be monitored/supervised by a coach or designated DSU Personnel.

O. HARDSHIP REQUESTS

A hardship request deals only with seasons of competition. A hardship request may be made when an injury or illness is beyond the control of the student or coach and when the student-athlete is unable to compete for the rest of the season. This must be verified in writing by the attending physician, who must have examined the student during the sport season in question. Hardships cannot be requested for students who are incapacitated in the last regular season contest or post-season competition. The NAIA Hardship Request Certificate, along with an official transcript, must be submitted to the NAIA.

The student shall not have participated in more contests, performance dates, excluding scrimmages (*which must be listed and noted on the certificate*), in the affected sports season than those listed below:

Basketball	5 contests	Cross Country	2 contests
Track	2 contests	Volleyball	4 dates
Football	2 contests	Softball	3 dates
Baseball	8 contests		

The forms are online at <http://naia.cstv.com/member-services/pubs/LegislativeForms.htm> - NAIA Competitive Experience Form

III. COMPLIANCE

A. ACADEMICS

1. ATHLETIC ACADEMIC ASSISTANCE

a. Purpose

The major purpose of the athletic department is to have each student-athlete pursue and obtain an academic degree. Student-athletes have the responsibility of attending class on a regular basis, of completing all course assignments and requirements, and of conducting themselves in all academic matters in ways that are consistent with acceptable classroom performance. The student-athlete is required to meet all university academic requirements and also the eligibility rules of the university, NAIA.

b. Academic Standards - Responsibility of the Student-Athlete

Every student-athlete who participates in intercollegiate athletics becomes a member of a team. By accepting this privilege of team membership, student-athletes accept the following information in addition to their regular responsibilities as students:

Although academic progress and eligibility are monitored by the Athletic Department, it is the responsibility of the student-athlete to ensure that applicable eligibility requirements are being met. If students have questions regarding eligibility requirements, they should consult their head coach, the athletic director, or the faculty athletic representative.

In addition to academic requirements needed to meet athletic eligibility, student-athletes should strive to complete at least 105 credits by the end of the fall semester their senior year. This will help ensure that the student will be likely to graduate upon completion of their eligibility.

c. Class Attendance

A student-athlete at DSU is expected to attend all meetings of a class for which he/she is registered. In the event that a student is repeatedly absent from classes, **the head coach is responsible for enforcing the class attendance policy**. Class absenteeism by student-athletes can result in the loss of athletic financial aid and/or team dismissal. It is not permissible to miss class for practice. **Each student-athlete is expected to speak with instructors prior to approved travel**. If a class is missed due to an approved contest, the student-athlete is responsible for all material covered in class, assignments given out during missed class, and work due for classes missed during travel. Coaches should e-mail faculty each semester with a list of their student-athletes and ask that any attendance problems be brought to their attention.

2. ACADEMIC INTEGRITY

Students are responsible for their own academic work. Plagiarism and other forms of cheating or dishonesty may result in a failing grade on the project in question, failure in the course, or disciplinary action. (See current Trojan Handbook for further details.)

3. WITHDRAWAL FROM A COURSE

In order to ensure academic eligibility, a student-athlete contemplating withdrawal from a scheduled course must adhere to the following procedures:

1. Before a withdrawal occurs, consult with the head coach and Athletic Office about eligibility and permission to withdraw.
2. Obtain permission from the student-athlete's academic advisor (*signature on drop/add slip*) and faculty athletic representative.
3. To be eligible to participate, student-athlete must be enrolled in a minimum of 12 credits of 100 level or higher during the season of participation.

Athletes are coded in Colleague. The message that the student receives is 'Athletic advisement required for registration changes'. The Department Secretary will be the contact person in athletics when a student needs to add or drop a course so as to insure that an athlete does not fall below 12 credit hours. Requests will be forwarded from the Department Secretary to the Registrar's office. The only thing is that I would like to be noted that any student-athlete MUST have Athletic Office Approval before any schedule change can occur. This course of action will serve the student-athlete best interest for eligibility. When we place the CADV holds we also send an email to the student's telling them that we have placed the restriction on their record. The CSDV message is listed below:

"To assist students and provide more effective academic advising, a 'registration hold' has been placed on your WebAdvisor account. This means you will need to consult with your advisor in order to make changes to your academic schedule. These holds have been put in place to ensure that you meet with your advisor and that you fully understand the impact that changes in your academic schedule, such as dropping a course, may have on your financial aid, academic scholarship requirements, or athletic eligibility;. If you want to change your academic schedule, it makes sense to plan ahead and make an appointment to see your advisor, since that can eliminate the problem of not being able to find your advisor. You also need to meet with your advisor in October or November to plan your academic schedule and to

register for Spring 2012 classes. At this planning session, the advisor will remove the 'registration hold' so you may register on you assigned day."

4. ACADEMIC SUPPORT SERVICES

The Academic Resource Center (DSU Student Success Center), which is located in the lower level of the TC, provides the coordination of academic tutors. It also provides strategies for stress management, test anxiety, and time management.

The Office of Diversity Services/Center of Multicultural Affairs is located in the lower level of the Trojan Center. The principle responsibility of the Office of Diversity Services is to educate and enhance the understanding, commitment, awareness, and dedication of the university to pluralism, social justice education, and preparedness to be successful in the evolving "global village". The Office of Diversity Services focuses on three areas of enrichment: 1) educate the campus concerning people of culture and social justice; 2) increase enrollment and graduation rate of students of culture; 3) create a hospitable and successful learning environment for students and faculty of culture. The Office of Diversity Services is dedicated to advocating, education, and supporting all students, faculty and staff. This office also offers co-curricular leadership opportunities, cross-cultural events, and scholarships. The Office of Diversity Services advocates and supports cultural identity and anti-racist development; the Native American Club is part of the diversity and social justice initiative at Dakota State University.

The Office of Career Services is a centralized placement office that serves all majors and all students with job or career-related information. Some of their services include:

- a. Student Employment assists with the location of part-time, temporary, and seasonal positions for the student worker. Work- study assignments are also made in this office.
- b. Internships provide an opportunity for the student to gain professional experience into their curriculum (typically for credit and pay). This office refers students to internship positions and hosts employers on campus for internship interviews.
- c. The placement portion offers one-on-one career counseling, career exploration and guidance, credential forms, career-related workshops (resume, interviews, salary negotiation, etc.), job fairs, job listings, campus recruiters, etc.

Personal Counseling provides confidential assistance to students dealing with personal concerns.

Academic Probation Assistance provides students who are on academic probation strategies for academic success.

Freshman Success Seminar provides first time students with knowledge on how to succeed in their new environment.

Academic Advising Students have a primary faculty academic advisor who will be assigned by the university which offers the academic program they have declared a major. Head coaches will give further support as a supplemental advisor to student-athletes, along with the athletic director. In situations where a student-athlete participates in more than one sports program, the decision about which head coach will function as the supplemental advisor will be made after the coaches consult with the student and the athletic director.

* Academic progress reports will be completed a minimum of twice a semester. These reports will monitor the academic progress and athletic eligibility of each student-athlete. These reports will also assist in determining the need for intervention or additional support services. (See Attachment O)

Study Table – Head coaches will be responsible for implementing an organized study table. **(EARLY ALERT) ATHLETIC DEPARTMENT REQUIREMENTS: (Coaches may have stricter requirements)**

- a. A required number of hours per week are to be determined by each sports program.
- b. All DSU athletes who do not have a 2.0 cumulative GPA will spend 3 hours weekly in study table.
- c. Head coaches may incorporate additional requirements for their team.
- d. The head coach announces hours and location of the study table each semester.
- e. Coaches are responsible for supervision of the study table.

Additional Suggested Rules (to be approved by supervisor of study table):

- a. This is a classroom setting and the rules are based on that premise.
- b. No food or seeds allowed.
- c. No fluids (*pop, water or juice*) allowed.
- d. No music or radio broadcasts allowed (*iPods, etc.*).
- e. The environment will be a quiet one. You will be allowed to study together, if you can do so without disturbing others (*no more than two people studying together*).
- f. No newspapers, magazines, etc. Bring work. If you do not have work you will be excused with no time credit.
- g. Do not attend unless you can stay at least one hour. You can satisfy your full three hours at one time, if you wish.
- h. You must be at the study table at the start of the hour. Admission will not be allowed except on the hour.
- i. There will be a supervisor present at all times. If you fail to follow rules, you will be asked to leave. You will not receive credit for the time.
- j. Students who are not required to attend may also make use of the study table arrangements; however, all students must follow the same behavioral rules.

5. GUIDELINES FOR ATHLETIC ELIGIBILITY CERTIFICATION

A student must meet National Association for Intercollegiate Athletics (NAIA) and DSU's eligibility requirements. The following information is taken from the NAIA Official Handbook and the DSU Catalog. For further clarification, these two sources plus the Athletic Director and Faculty Athletic Representative should be consulted.

a. Eligibility Certification

The NAIA Official Eligibility Certificates are signed by the Registrar, Athletic Director, Head Coach, and Faculty Athletic Representative and are postmarked to the appropriate eligibility chair prior to participation. Eligibility Certification for Entering Freshmen, the Certificate of Clearance, and any Transfer Player Eligibility Statements will also be sent at this time. Each coach is responsible for providing to the Athletic Director a team roster 30 days before the first

scheduled contest. Rosters should include all members of the team and their status noted (*i.e., Not Eligible, Red Shirt, Hardship*). Teams and athletes which compete outside of their regular season must be certified. In addition, each coach will be asked to provide the Athletic Director with a list of new incoming students for their sport. The compliance officer will work in conjunction with the coach to receive their necessary transcripts and paperwork.

From these rosters, the following will occur:

- * The Certificate of Clearance will be typed for the team to sign.
- * The Eligibility Certificate will be processed with this roster.
- * NAIA Freshmen Certification
- * DSU'S Athletic Eligibility Questionnaire (*AEQ*) (*See Attachment E*)
- * During each semester, the Athletic Director will ask for updates on the roster.
- * At the conclusion of each semester, an eligibility check will be performed by the Athletic Office and the results communicated to the coach.

b. Freshman Eligibility (NAIA)

An entering freshman student must be a graduate of an accredited high school and be accepted as a regular student in good standing. An entering freshman must meet two of the three entry-level requirements:

- a. A minimum score of 18 on the Enhanced ACT or 860 on the SAT;
- b. An overall high school GPA of 2.00 or higher on a 4.00 scale;
- c. Graduate in the upper half of the student's high school graduating class.

Those students not meeting at least two of the three standards will be denied athletic participation at a member NAIA institution the first full year (*2 semesters*) the student is in college.

c. Continuing Eligibility

1. After completion of the second semester of attendance and from then on, a student must have accumulated a minimum of 24 credit hours in the two immediately previous terms of attendance.
2. To participate in a second season of a sport, all students must have accumulated at least 24 institutional credit hours.
3. To participate in a third season of a sport, all students must have accumulated at least 48 institutional credit hours and have maintained a total cumulative GPA of at least a 2.00.
4. To participate in a fourth season of a sport, all students must have accumulated at least 72 institutional credit hours, accumulated at least 48 institutional credit hours in general education and/or the student's field of study, and have maintain a total cumulative GPA of at least a 2.00.
5. A student terminates eligibility at the end of a term, upon completion of ten semesters of college or its equivalence and/or four seasons of participation.

d. Transfer Eligibility

A student becomes identified with an institution upon enrolling in nine or more institutional hours. Anyone transferring after this time becomes a transfer student, regardless of whether or not the student participated in intercollegiate athletics at that institution.

The Athletic Director of the student's current institution must be notified within ten days of the students contact with the coach. The coach being contacted must notify the student's former

athletic director to have the appropriate notification sent. The student's name, social security number, and the institution are needed for notification to be sent. It is strongly suggested that all previously attended institutions by the transfer student be notified in order to determine the extent of the student's athletic participation.

To be certified for eligibility, a transfer student needs to have all final transcripts (*from previously attended institutions*) on file with the Admissions/Registrar Office. Financial aid transcript(s) from all previously attended institutions need to be on file with the Financial Aid Office.

In accordance with the university's admissions policy, students from another accredited institution may be admitted provided that: 1) the courses to be transferred are equivalent to courses offered at DSU; and 2) the student's cumulative GPA is at least a "C" (*2.00 on a 4.00 scale*).

A transfer student must complete the Official NAIA Transfer Player Eligibility Statement. This is done with the Athletic Director. This statement must be sent to the NAIA Eligibility Chair (*usually with the eligibility forms*), prior to the student participating in athletics at the new institution.

Transfer students must meet the continuing eligibility requirements as set forth by the NAIA and DSU. Transfer students shall use institutional credit hours as certified by the previous institutions to meet this requirement only for the first term at DSU. Thereafter, only institutional credit recognized by the student's current institution (*DSU*) and submitted to the Registrar for posting on the transcript. No credit will be given for a course with a grade less than "C." To meet the 2.00 GPA requirement, transfer students must have a 2.00 GPA calculated on the basis of all transcripts from all institutions attended to meet this requirement at a member institution (*DSU*). Thereafter, only the GPA recognized by the student's current institution (*DSU*) shall apply.

A transfer student who participated in intercollegiate athletics at the immediately previous institution may be required to establish a residency period of 16 weeks before being eligible to participate in that sport at DSU. The NAIA allows exceptions. Contact the Athletic Director for further information.

B. BEHAVIORAL GUIDELINES

The Dakota State University athletic department recognizes the need to establish behavioral guidelines for student-athletes. Action will be taken on behavior, which violates these guidelines. Levels of disciplinary action have been established commensurate with the seriousness of the offense.

The head coach is the judge of the disciplinary action to be taken, unless athletic department or NAIA rules have been violated. However, head coaches may impose more severe penalties after athletic department policies are fulfilled. **Athletic department policies are supplemental to the Dakota State University Student Handbook and the disciplinary policies described therein.** (*See Attachment G*)

Once a student is established as an athlete, his/her behavior is monitored before, during, and after the sport season. (*Violations are cumulative until eligibility is completed*). Violations that occur during the off-season will be applied during the next sport season in which the student-athlete participates. Some offenses are serious enough to enter the system at a level other than first offense. **Violations are required to be reported to Student Affairs.**

Level One:

- Referrals from trainer, coach, administration, peer, family and/or self.

Consequences:

- Chemical assessment by professional personnel selected by DSU student development counselor. Student athletes will be asked to sign appropriate release of information forms to

facilitate the assessment and implementation of services. The cost of any assessment or treatment will be the responsibility of student-athlete.

- Counseling, if determined necessary.

No suspension if student-athlete participates and cooperates in counseling and follows recommendations.

Level Two:

- Referral from Judicial Affairs Coordinator of an under-age student-athlete who was present where there was alcohol. This level is only applicable for the student-athlete who was not charged with possession or consumption of alcohol.

Consequences:

- First-time offender – warning.
- Second-time offender – automatically advances to Level Three consequences.

Level Three:

- Referral from The Judicial Affairs Coordinator regarding under-age alcohol/drug consumption and/or possession, criminal offenses to include: minor consumption and/or open container.
- Referral of student-athletes who have been at Level Two for previous violation.

Consequences:

- Chemical assessment by professional personnel selected by the university Student Development Counselor.
- Student-athletes will be asked to sign appropriate release of information forms to facilitate the assessment and implementation of services. The cost of any assessment or treatment will be the responsibility of student-athlete.
- Suspension from team for 10% of scheduled team contests.
- Counseling, if determined necessary. Counseling must be initiated during suspension. If the student-athlete does not participate and cooperate in counseling, and follow recommendations, he/she will remain suspended until counseling is completed.

Level Four:

- Referral of student-athletes who have been at Level Three for previous violations.
- Alcohol-related criminal offenses to include, but not limited to DUI, public intoxication, etc.

Consequences:

- Chemical assessment by professional personnel selected by the Student Development Counselor.
- Student-athletes will be asked to sign appropriate release of information forms to facilitate the assessment and implementation of services. The cost of any assessment or treatment will be the responsibility of student-athlete.
- Suspension from 20% of scheduled team contests.
- Counseling, if determined necessary. Counseling must be initiated during suspension. If the student-athlete does not participate and cooperate in counseling, and follow recommendations, they will remain suspended until counseling is completed.
- Reduction or termination of athletic award/scholarship.

Level Five:

- Referral of student-athletes who have been at Level Four for previous violations.
- Illicit or illegal drug-related criminal offenses to include, but not limited to possession and or distribution.

Consequences:

- Chemical assessment by professional personnel selected by the Student Development Counselor.
- Student-athletes will be asked to sign appropriate release of information forms to facilitate

the assessment and implementation of services. The cost of any assessment or treatment will be the responsibility of student-athlete.

- Suspension from team up to 1 year.
- Counseling, if determined necessary. Counseling must be initiated during suspension. If the student-athlete does not participate and cooperate in counseling, and follow recommendations, they will remain suspended until counseling is completed.
- Reduction or termination of athletic award/scholarship.

Level Six:

- Referral of student-athletes who have been at Level Four and Five for previous violations.

Consequences:

- Student athlete is suspended from any further competition at DSU
- Student may be expelled from the university

*Definitions

Suspension: The athlete will not travel or compete in a determined percentage of scheduled team contests if behavioral guidelines have been violated. Red-shirt athletes or athletes who do not participate in this year's competitions will have consequences implemented the following sports season.

NAIA also states: During any regular or post-season play, any player caught with a tobacco substance will result in a warning to him or her and the whole team; subsequent use will result in ejection from the game.

1. DRUG AND ALCOHOL POLICY

A student-athlete may not possess or use any illicit or illegal drug on or off the campus or at any University-sponsored activity. An illicit drug is classified as any drug that a person is forbidden by law to possess or use without a prescription from a licensed physician or dentist.

Violators are punishable by both university and civil authorities. A violation of federal, state or local laws may make a student subject to prosecution and punishment by civil courts, but also to disciplinary action by the university, including suspension, expulsion or other severe sanctions. *This may include, but is not limited to: immediate suspension or dismissal of the student-athlete from their respective team(s) and from further athletic practice and/or competition.*

2. DRUG/HEALTH EDUCATION

All student-athletes will be provided the opportunity to attend seminars on drug/alcohol abuse and other health related areas of concern each semester. These seminars will educate the student-athlete of the dangers of drug and alcohol abuse as well as other related health topics such as, steroids, anorexia, bulimia, etc.

3. DRUG TESTING

To insure the safety and well being of all student athletes at Dakota State University, student athletes may be asked to participate in annual random drug testing.

4. HAZING POLICY

Definition

"Hazing" is a willful act, occurring on or off the campus of an educational institution and directed against a student or prospective member of an organization operating under the sanction of an

educational institution, that recklessly endangers the mental or physical health or safety of the student or prospective member for the purpose of initiation or admission into or continued membership of any such organization, to the extent that such person is knowingly placed at substantial risk of the loss of life or substantial bodily or psychological harm. Acts of hazing include but not limited to:

- a. Any activity which recklessly endangers the physical/mental health and/or safety of the student or prospective member, including but not limited to physical brutality, whipping, beating, branding, exposure to the elements, forced consumption of any food, liquor, drug or other substance or forced smoking or chewing of tobacco products;
- b. Any activity which recklessly endangers the mental health of the student or prospective member, including but not limited to sleep deprivation, physical confinement, or other extreme stress inducing activities such as: brutality of a physical nature such as whipping, beating, branding; or forced activity which could adversely affect the mental or physical health or safety of the individual.
- c. Any activity that requires the student or prospective member to perform a duty or task which involves a violation of the criminal laws of this state or any political subdivisions in this state.
- d. Any activity that could subject the individual to mental or physical stress such as forced exclusion from social contact, forced contact which could result in embarrassment, or any other activity that could adversely affect the mental or physical health or dignity of the individual.

Consequences

Any student-athlete affiliated with Dakota State University who participates in any hazing activity will be suspended from athletic competition and will be indefinitely until a full investigation has been completed.

5. CRIMINAL OFFENSES

Guilty conviction of any criminal offense may result in reduction or termination of athletic award and suspension from competition at Dakota State University. Second criminal offense will result in suspension from any further competition at DSU and termination of athletic award.

C. TITLE IX

The law known as Title IX (of the Education Amendments of 1972) emerged from a growing understanding that discrimination in our nation's educational institutions was the status quo and needed to be changed.

Dakota State University is committed to providing equal opportunities for all. It is the policy of DSU not to discriminate on the basis of race, color, creed, religion, national origin, ancestry, gender, marital status, pregnancy, sexual orientation, age, disability, veteran's status or any other protected class in the offering of all benefits, services, and educational and employment opportunities.

As part of this policy, DSU has designated a Title IX Officer to assist individuals with any concerns about sexual discrimination in education programs or activities. This includes discrimination on the basis of sex in admission to or employment in DSU's education programs or activities. The grievance process to address these complaints, as well as any complaints of discrimination, will follow the Board of Regents Human Rights Complaints Procedures.

Discrimination complaints, including complaints of harassment or sexual discrimination in education programs should be directed to:

Linda Brozik
Assistant to the President
3rd Floor, Heston Hall
Madison SD 57042
(605) 256-5136
Linda.Brozik@dsu.edu

IV. FISCAL POLICIES AND PROCEDURES

A. FINANCIAL AID

1. AWARDING SCHOLARSHIPS

The head coach is responsible for issuing athletic awards for their sport. A copy of the scholarship contract for all new and returning student athletes whether accepted or rejected will be kept on file in the athletic director's office and university's scholarship office. All scholarship offers will be invalid unless the scholarship contract is signed by the Athletic Director, Head Coach and student-athlete.

2. VOLUNTARY WITHDRAWAL

If a student-athlete voluntarily withdraws from participation in a sport for personal reasons, there will be a pro-rated reduction of the award at the time of request for release. Renewal of award in succeeding semesters will be at the discretion of the coach and/or the Athletic Director.

3. NON-RENEWAL PROCEDURES

Any termination or change in an athletic award shall occur only after a meeting between the Athletic Director and head coach. The termination or change should be discussed with the student-athlete by the head coach and/or Athletic Director, and official written notice must be given. If the athlete wishes to appeal a termination or a change to the athletic award, the following procedures must be followed:

- a. Appeal to the coach: If the athlete protests a change to an athletic award, the athlete must request in writing a meeting with the head coach to discuss the decision. After such meeting, the coach will notify the athlete of his or her decision.
- b. Appeal to the Athletic Director: If the problem has not been resolved between coach and athlete, the athlete may request a meeting with the athletic director. After such a meeting, the Athletic Director will notify the athlete of his/her final decision.

4. RENEWAL PROCEDURES

Athletic aid allocations are awarded on a yearly basis. In some cases, however, the awards may be explicitly awarded for periods shorter than the school year. The following procedures govern the renewal process and award grievance procedures.

- a. It is recommended that the Athletic Director be notified of returning athlete award status by May 1.
- b. The student-athlete's responsibilities in the classroom and as a member of the athletic program must be met to ensure renewal of athletic award.
- c. Injury incurred during participation in a Dakota State University sport will NOT result in denial of athletic award renewal. There is an expectation to be involved with Team Activity to keep Athletic Award for remainder of the year.

- d. A student-athlete protesting a change in athletic award renewal status should follow the appeal process outlined in the section on Non-renewal Procedures above.

5. ACADEMIC GPA/TERMS OF SCHOLARSHIP

The student-athlete's athletic award will be terminated if the student-athlete does not meet the required cumulative GPA requirements established by the Athletic Department. Special circumstances will be considered by the Athletic Director.

Credit Hours Completed:	Cumulative GPA:
24-36	1.8
37+	2.0

In addition to the grade point average, the student-athlete must also abide by all requirements as set by DSU and NAIA. (*See Attachment F*)

Attachment A

Student Release to Ride Home With Parents

The parents assume full responsibility for any damages or injuries which may occur to the student-athlete during transport from Dakota State University Athletic Event, and hereby discharge, release and hold harmless DSU, the Athletic Department and its trustees, administrators, faculty, staff, employees, and/or agents, from any and all claims, demands, damages, right of action or causes of action whether the same be known, anticipated, or unanticipated, resulting from or arising out of the discharge of the named student -athlete into the parents care.

I have read and agree to take full responsibility for my son/daughter.

Student-Athlete Name _____ Sport: _____

Student-Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Attachment B

INSURANCE INFORMATION/EMERGENCY CONTACT

ALL PLAYERS MUST CARRY MEDICAL INSURANCE! Additionally, students must complete this insurance information form prior to participating in their sport(s) season start. **(or attach a copy of your insurance card)**

STUDENT INSURANCE INFORMATION

Name of policy holder that student is covered under: _____

Name of insurance company: _____ Policy Number _____

Address of insurance company: _____

List Primary Physician or HMO: _____

Name of dental insurance company: _____ Policy Number _____

Does your insurance company cover you out of state? Yes No (circle one)

Specifically the state of South Dakota Yes No (circle one)

*By my signature below, I acknowledge that I have medical insurance and that the above information is correct.

Student-Athlete Name (Print)

Sport

Signature of Student

Date

Signature of Policy Holder

Date

Signature of Parent/Guardian (if student is under 18 years of age)

Date

As a parent or legal guardian of the student athlete named above, I hereby give my consent for (his/her) practice and play in intercollegiate athletic events at Dakota State University.

EMERGENCY CONTACT INFORMATION – THIS MUST BE FILLED OUT OR YOU WILL BE INELIGIBLE FOR PRACTICE. Parents (or guardians)

Name _____

Street _____

City _____

State _____ Zip _____

Home Phone _____

In case of emergency call: _____ Bus. Phone _____

**Attachment B Continued
INTERNATIONAL STUDENT-ATHLETE INSURANCE**



2600 West 49th Street
P.O. Box 7406
Sioux Falls, SD 57117-7406

PRE-APPLICATION WORKSHEET

This is not an application for coverage, all information must be entered through the online system.

SECTION 1. PURPOSE OF APPLICATION									
REQUESTED EFFECTIVE DATE: _____									
I AM APPLYING: (Check appropriate statement)									
A. <input type="checkbox"/> New coverage for myself only									
B. <input type="checkbox"/> New coverage for myself and any eligible family member(s) listed below in Section 3.									
C. <input type="checkbox"/> New coverage for my dependent only.									
SECTION 2. REQUESTED BENEFITS									
RED		BLUE		GREEN		BLACK		White	
Deductible Option	Coinsurance / OOP Option	Deductible Option	Coinsurance / OOP Option	Deductible Option	Coinsurance / OOP Option	Deductible Option	Coinsurance / OOP Option	Deductible Option	Coinsurance / OOP Option
<input type="checkbox"/> \$500 (Monthly)	<input type="checkbox"/> 80/20 / \$1,000	<input type="checkbox"/> \$500 (Monthly)	<input type="checkbox"/> 80/20 / \$1,000	<input type="checkbox"/> \$500	<input type="checkbox"/> 90% / \$1,000	<input type="checkbox"/> \$1,200	<input type="checkbox"/> 100% / \$0	<input type="checkbox"/> \$500 (Monthly)	<input type="checkbox"/> 80/20 / \$1,000
<input type="checkbox"/> \$750 (Monthly)	<input type="checkbox"/> 80/20 / \$2,000	<input type="checkbox"/> \$750 (Monthly)	<input type="checkbox"/> 80/20 / \$2,000	<input type="checkbox"/> \$750	<input type="checkbox"/> 90% / \$1,500	<input type="checkbox"/> \$1,500	<input type="checkbox"/> 80/20 / \$1,000	<input type="checkbox"/> \$750 (Monthly)	<input type="checkbox"/> 80/20 / \$2,000
<input type="checkbox"/> \$1,000 (Monthly)	<input type="checkbox"/> 80/20 / \$3,000	<input type="checkbox"/> \$1,000 (Monthly)	<input type="checkbox"/> 80/20 / \$3,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> 90% / \$2,000	<input type="checkbox"/> \$1,550	<input type="checkbox"/> 80/20 / \$2,000	<input type="checkbox"/> \$1,000 (Monthly)	<input type="checkbox"/> 80/20 / \$3,000
<input type="checkbox"/> \$1,250 (Monthly)	<input type="checkbox"/> 80/20 / \$4,000	<input type="checkbox"/> \$1,250 (Monthly)	<input type="checkbox"/> 80/20 / \$4,000	<input type="checkbox"/> \$1,500	<input type="checkbox"/> 80/20 / \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> 80/20 / \$3,000	<input type="checkbox"/> \$1,250 (Monthly)	<input type="checkbox"/> 80/20 / \$4,000
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					<input type="checkbox"/> 50/50 / \$3,000				
					<input type="checkbox"/> 50/50 / \$4,000				
					<input type="checkbox"/> 50/50 / \$5,000				
<i>Optional Benefits:</i> <input type="checkbox"/> Supplemental Accident <input type="checkbox"/> ValuePlus		<i>Optional Benefits:</i> <input type="checkbox"/> Supplemental Accident <input type="checkbox"/> ValuePlus		<i>Optional Benefits:</i> <input type="checkbox"/> Supplemental Accident <input type="checkbox"/> ValuePlus		<i>Optional Benefit:</i> <input type="checkbox"/> ValuePlus * 100% / \$0 option only available with \$5,250 and \$5,500 Deductibles		<i>Optional Benefits:</i> <input type="checkbox"/> Supplemental Accident <input type="checkbox"/> ValuePlus	

SECTION 3. APPLICANT INFORMATION - If changing current Plan, Policyholder information required.

Your Social Security Number is required solely for the purpose of your positive identification by DAKOTACARE. Your Social Security Number will be protected from disclosure and will not be released or disclosed to any person or party, unless required by law.

Applicant's Social Security Number (Required)	Applicant's Name (Last, First, Middle Initial)	Occupation
---	--	------------

Mailing Address – Street and/or P.O. Box	City	State	Zip + 4
--	------	-------	---------

Date of Birth	Home Phone No.	Are you a smoker? <input type="checkbox"/> Y <input type="checkbox"/> N
---------------	----------------	---

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Applicant Height (Required)	Applicant Weight (Required)
--	---	-----------------------------	-----------------------------

Does any applicant reside outside the state of South Dakota for more than 3 months a year? Y N If "Yes" list applicant(s) name and reason.

LIST ALL FAMILY MEMBERS TO BE COVERED

Family Member (Last, First, Middle Initial)	Height (Required)	Weight (Required)	Gender	Date of Birth	Social Security No. (Required)	Full-time Student	Are you a smoker?
Spouse							<input type="checkbox"/> Y <input type="checkbox"/> N
Child						<input type="checkbox"/> Y <input type="checkbox"/> N	
Child						<input type="checkbox"/> Y <input type="checkbox"/> N	
Child						<input type="checkbox"/> Y <input type="checkbox"/> N	
Child						<input type="checkbox"/> Y <input type="checkbox"/> N	

(If more space is needed, attach an additional sheet of paper.)
* Eligible dependents are defined only as married spouse and natural dependant children, legal guardianship, stepchildren, or adopted children who are under age 26.

SECTION 4. QUALIFYING HEALTH QUESTIONS

- Yes No 1. In the last ten (10) years have any applicants had claims in excess of \$5,000?
- Yes No 2. Is any person to be insured receiving treatment, taking medication, or been advised of a condition that will require attention in the future?
- Yes No 3. Is any member applying for coverage a recipient of, or in need of an organ transplant?
- Yes No 4. Has any member (if infant, mother) applying for coverage been diagnosed, or been treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) by a physician or member of the medical profession?
- Yes No 5. Has any member (if infant, mother) applying for coverage ever tested positive for the antibody to AIDS or HIV?
- Yes No 6. As an applicant, are you, or your spouse, or dependent currently pregnant, or an expectant parent (including spouse not applying for coverage)?
- Yes No 7. Has any member applying for coverage been treated for any of the following: Cancer, Colitis, Congenital Anomalies, Diabetes, Endocrine Disorders, Headaches, Heart/Blood/Vascular Disorder, Joint Disorders, Kidney Disorder, Liver Disorder, Lyme's Disease, Multiple Sclerosis, Nervous & Mental Issues, Organ Transplant, Respiratory/Lung Disorder, Skin Disorders, Stevens Johnson's Syndrome, Stroke, Systemic Lupus, or Tumor?

8. Has any applicant ever had symptoms, diagnosis, consultation, treatment, or taken any medications or received counseling for: (Note: There is a check box for every person who is being treated.)				
	Name	Name	Name	Name
1. Abnormal Pap, PSA, or other blood, urine, x-ray, or other diagnostic tests	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Adhesions Secondary to Abdominal Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Alcohol/Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Arthritis/Back/Joint Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Asthma/Respiratory Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Benign Tumors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Breast/Female Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Carpal Tunnel Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Congenital Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Deformity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Digestive/Intestinal/Eating Disorder/Colorectal Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Ear, Nose, Throat and/or Eye Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Endocrine Disorder (Pituitary, Thyroid, Adrenal, Parathyroid, Hypothalamus, Ovarian, Pineal or Testes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Epilepsy/Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Genital/Urinary Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Headaches (Including Migraines)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Heart/Vascular Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Hemophilia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. High Blood Pressure/Low Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. HIV/ARC/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Immune/Autoimmune Disorder, (i.e. lupus, scleroderma, sjogren's syndrome, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Liver Disorders/Cirrhosis/Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Lyme's Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Medications Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Mental/Nervous Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Muscle Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Neurological Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Pancreatic Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Pregnant (Current or Expected)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Skin Disorders (i.e. Acne, Cellulitis, Dermatitis, Psoriasis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Steven Johnson Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Other (If not indicated above)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5. INSURANCE INFORMATION

In the last 18 months have you or any family member been covered by any medical insurance? Yes No

If "Yes," you will need to send DAKOTACARE a copy of any/all Certificates of Creditable Coverage that may apply. If Certificate is not provided pre-existing will apply.

Will this coverage continue after the proposed effective date with DAKOTACARE? Yes No

If "Yes," you will need to send DAKOTACARE a copy of the Insurance/Medicare Card.

If your current coverage will continue, who is your current carrier? _____

If this is replacing an individual policy, do you or any applicants have conditions which are "Ridered" excluded? Yes No

If "Yes," please list Riders: _____

Do you have a court order which states who is responsible to provide medical coverage on the dependents?

If "Yes," you will need to send DAKOTACARE a copy of the court order.

Have you had DAKOTACARE coverage in the past five (5) years? Yes No

SECTION 6. AGENT USE ONLY

I (the Agent) certify that I have explained the eligibility provisions to the applicant. I have not made any statements about benefits conditions or limitations of the policy except through written material furnished by DAKOTACARE. I have informed the applicant that the effective date of coverage is assigned only by DAKOTACARE.

I CERTIFY THAT THE INFORMATION SUPPLIED TO ME BY THE APPLICANT HAS BEEN TRULY AND ACCURATELY RECORDED HEREIN.

Agent Name (Please print or type)			Agent No.
Agency Name (If applicable)			Phone No.
Street Address	City	State	Zip
Agent Signature			Date

Attachment C

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND
INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT**

Participation in sport requires an acceptance of risk of injury, including catastrophic injury and death. Athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precautions to minimize the risk of significant injury and that those participating in the sport will not intentionally inflict injury.

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in sports at DSU.

I also understand:

*The nature of risk that exists in participation in sports and freely choose to incur such risk.

*That I must refrain from practice or play while ill or injured, whether or not receiving medical treatment.

*That having passed the physical examination does not necessarily mean that I am physically qualified to engage in athletics, but that the examiner did not find a medical reason to disqualify me at the time of said examination.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees and agents for any liability for injuries to my person or property resulting from participation in athletics at DSU
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in athletics at DSU.
3. Consent to receive medical treatment deemed advisable for any injury or condition arising during my participation in DSU Athletics.

I have read this release and waiver of liability, assumption of the risk and indemnity agreement and consent to medical treatment, I fully understand its terms, understand that I given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Student-Athlete Name (Print)

Student-Athlete Signature Date of Birth

Signature of Parent/Guardian (if Student is under 18 years of age) Sport

Attachment D
RELEASE OF PERSONAL, ACADEMIC, CONDUCT AND MEDICAL INFORMATION
AND ACKNOWLEDGEMENT OF ATHLETIC DEPARTMENT POLICIES

Current laws protect your right to privacy and your right to be made adequately aware of policies and procedures. The following statements outline the policies of the Athletic Department regarding the gathering and release of information and your acknowledgement that you have received a copy of the "Student-Athlete Policy and Procedure Handbook" and realize the importance of reading and understanding this document. By signing below:

1. I understand that policies and contents of this handbook are subject to change at any time.
2. I authorize the registrar and my course instructors to release my official transcript and academic records to the Athletic Department and staff with the understanding that the Athletic Department will release this information only in cases of academic awards and/or in responding to NAIA or conference requests.
3. I authorize the information contained on the Sports Information Office questionnaire to be used by the Athletic Department for press releases, press guide brochures and official programs. I further permit this information to be released to members of the media.
4. I authorize the information contained in my physical examination and medical history forms to be released to the athletic department.
5. I give my consent for the team physician, athletic trainers or other medical personnel of Dakota State University to release information regarding my medical history, record of injury or surgery, record of serious illness and rehabilitation results that may be requested by scouts or representatives of any professional or amateur athletic organizations.
6. I understand that the Student Services staff at Dakota State University will release all student conduct information pertaining to me for the current academic year to the Athletic Director.
7. I also authorize the Chemical Dependence Counselor to make a confidential release to the athletic director and head coach information relating to drug/alcohol and violations of criminal laws, in accordance with terms of the Dakota State University Drug and Alcohol Program.
8. I acknowledge I have been given a copy of the "Dakota State University Student-Athlete Policy and Procedure Handbook" and realize the importance of reading and understanding the document and agree to abide by its contents.
9. I certify by my signature below that I have read and understand and will abide by the Dakota State University Intercollegiate Athletics' Drug and Alcohol Program policies and treatment program guidelines set forth in the five levels of offense.
10. I sign this form freely and voluntarily without inducement.

Student-Athlete Name (Print)

Date

Student Athlete Signature

Sport(s) participating in

Attachment E

ATHLETIC ELIGIBILITY QUESTIONNAIRE (AEQ)

NAME: (Print) _____

Student ID #: _____ Date _____

Complete this form using the following codes:

- * Place an "S" in the appropriate box for any sport previously played at Dakota State University.
- * Place an "O" in the appropriate box for any sport played at another college or university.
- * Place an "X" in the shaded box for any sport you intend to play at Dakota State University this year.

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
BASEBALL						
BASKETBALL						
FOOTBALL						
X COUNTRY						
SOFTBALL						
TRACK/INDOOR						
TRACK/OUTDOOR						
VOLLEYBALL						

1. *This past summer* did you attend any college other than Dakota State University? Yes No
 ➤ If Yes: College Attended: _____
 Number of Credit Hours: _____
 Course(s) Title and Number: _____
 Have Transcripts been forwarded to Dakota State University? Yes No
2. Have you played any of the above sport(s) for money or prizes? Yes No
3. Have you coached any of the above sport(s) for a salary? Yes No

The above information is accurate and complete. _____
 Student Athlete's Signature Date

**Attachment F
Dakota State University
ATHLETIC SCHOLARSHIP**

Athletic Scholarship Award: _____
Sport Academic Year Total Amount \$ Fall Spring

Awarded To: _____
First Last Middle Initial DSU Student ID (if known)

Address: _____
Street City State Zip

TERMS OF SCHOLARSHIP

If a student-athlete discontinues participation during the pre-season or off-season prior to the start of a season, the student-athlete is responsible for repaying all scholarship dollars awarded that semester and no further scholarship will be issued.

Dakota State University Scholarships will be issued on a semester basis as determined by the head coach. Each scholarship issued will be evaluated at the end of each semester to determine whether the scholarship will be renewed. Dakota State may use a combination of named-annual or endowed scholarships, or the sport scholarship award to meet the athletic scholarship commitment listed above. Loss of scholarship money will result if one or more of the following criteria are not met:

The student-athlete:

- Must be eligible for competition in the sport for which he/she was recruited. The athlete must maintain academic requirements as set by DSU and the NAIA.
- Must participate in the sport the student-athlete was recruited for and abide by the rules and regulations set forth in the Student-Athlete Policy and Procedure Handbook;
- Must not be in violation of college, civic, state, or federal laws. At the discretion of the athletic department, this can result in the withdrawal of aid;
- Upon termination of participation in the sport for which the student-athlete was recruited, athletic scholarship aid will also be terminated as of that date;
- If a student-athlete is unable to compete for a season due to a DSU sport related injury, his/her scholarship will be continued only if he/she remains a part of that sport program during the specified sport season. This will be determined by the Head Coach and Athletic Director. He/she must participate in any rehabilitation program recommended by coaches/athletic trainers during the academic year that he/she is not participating due to the DSU athletic injury.

Any violation of the above listed stipulations can terminate the above athletic scholarship and/or terminate further athletic scholarships offered to this named student-athlete and jeopardize future recommendations.

I have read the above listed stipulations and reviewed the athletic scholarship offered. My signature below signifies that this contract is in force upon my acceptance to Dakota State University. I am returning two copies and I am retaining one copy for my own records.

_____ Signature of Athlete	_____ Date
_____ Parent or Guardian (If under 18)	_____ Date
_____ Head Coach	_____ Date
_____ Athletic Director	_____ Date

(Copy of Award Notice to Development Officer for Scholarships/Endowment - Office of University Advancement)

Annual/Endowment: _____
Name Amount

Attachment G

**ATHLETIC DEPARTMENT STUDENT ATHLETE
DRUG TESTING CONSENT**

I certify by my signature below that I:

Have read and understand and will abide by the Dakota State University Intercollegiate Athletics' Drug and Alcohol Program policies and treatment program guidelines set forth in the five levels of offense.

Agree to participate in annual athletic department random drug testing throughout my athletic eligibility at Dakota State University.

Agree to inform the athletic trainer of all medications either prescribed or self-administered. I recognize that this information is necessary to assist the athletic trainer in providing me with the best possible care, should such care be needed.

Understand that Dakota State University's Student Development/Counseling Services and other help is available to me should I have difficulty with drugs, alcohol or any other personal matters.

Understand that failing to sign this consent form prior to practice or competition may result in immediate dismissal from all teams at DSU for a minimum of one year.

Understand that if I should test positive for an illegal or illicit drug, I may be suspended from all teams at DSU for a minimum of one year.

Understand that if I should test positive for use of an illegal or illicit drug, I may forfeit my athletic scholarship.

*I sign this form freely and voluntarily without inducement.

Student-Athlete Name (Print): _____ Date: _____

Student-Athlete Signature: _____ Sport: _____

Attachment H
STUDENT EXCUSE FROM CLASS

_____ will be participating in a _____
(name of student) (event)

on _____ and will be absent from classes that date from _____. The faculty
(date)

member responsible for this activity and making this request is _____.

Please initial in the space below to indicate that the student has informed you of his/her absence. The student is responsible for any and all class work and assignments he/she misses during this absence.

(class)	(instructor)	(class)	(instructor)
---------	--------------	---------	--------------

(class)	(instructor)	(class)	(instructor)
---------	--------------	---------	--------------

(class)	(instructor)	(class)	(instructor)
---------	--------------	---------	--------------

(class)	(instructor)	(class)	(instructor)
---------	--------------	---------	--------------

(class)	(instructor)	(class)	(instructor)
---------	--------------	---------	--------------

Attachment I
DAKOTA STATE UNIVERSITY
VOLUNTEER WORK AGREEMENT

I, _____ agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and Dakota State University.

I understand that my services are voluntary, that I will not be compensated and that volunteer workers are provided workers' compensation coverage. I also understand that I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities.

This agreement may be canceled at any time by notification to either party.

Information needed for reporting purposes:

Name: _____ Social Security Number: _____

Date of Birth: _____ Marital Status: Single _____ Married _____

Ethnicity (check one): White _____ Black _____ Hispanic _____ Asian _____ Pacific Islander _____ American Indian _____

US Citizen: Yes _____ No _____

If No, then check on of the following: Permanent Resident _____ Non-Resident Alien _____

Address: _____ Phone # _____

City: State: Zip: _____

Position Title: _____

Work Site/Location: _____

Supervisor/Reports to: _____ Supervisor Title _____

I have read the above agreement, understand it and agree to serve as a volunteer at Dakota State

University for _____ from _____ through _____.
(department) (date) (date)

Volunteer Signature

Date

Supervisor Signature

Date

HR Approval Signature

Date

Submit to the Human Resources Office

HR office only: PPAIDEN _____ PEAEMPL _____

Attachment J

ACADEMIC PROGRESS REPORT

In order to determine academic progress with the student athletes, we are requiring progress reports for each student. Please complete this form and return it to the student. Thank you for your assistance. If you have any questions or concerns regarding any of the athletes, feel free to call me at 256-5233.

Gene Wockenfuss
Athletic Director

Student Name: _____ Date: _____

Class: _____ Semester: _____

Attendance: () Attends regularly () Not attending ____# of classes missed

Assignments: () Completed () None given ____# of assignments missing

Class Grade: Grade to date _____ () Grade not available yet

DID THIS PLAYER COMMUNICATE WITH YOU ABOUT OUR UPCOMING SEASON AND POTENTIAL MISSED CLASSES?

_____ (Please initial if yes)

ACADEMIC PROGRESS REPORT

In order to determine academic progress with the student athletes, we are requiring progress reports for each student. Please complete this form and return it to the student. Thank you for your assistance. If you have any questions or concerns regarding any of the athletes, feel free to call me at 256-5233.

Gene Wockenfuss
Athletic Director

Student Name: _____ Date: _____

Class: _____ Semester: _____

Attendance: () Attends regularly () Not attending ____# of classes missed

Assignments: () Completed () None given ____# of assignments missing

Class Grade: Grade to date _____ () Grade not available yet

DID THIS PLAYER COMMUNICATE WITH YOU ABOUT OUR UPCOMING SEASON AND POTENTIAL MISSED CLASSES?

_____ (Please initial if yes)



COMPETITIVE EXPERIENCE OUTSIDE INTERCOLLEGIATE ATHLETICS

NAIA rules were changed in 2004 to address competitive experiences after high school graduation and before enrollment at an NAIA institution. The rule's purpose is to diminish advantages gained through participation outside intercollegiate athletics.

The legislation states that a student-athlete shall be charged with a season of competition based on participation in any athletic competition or training for which the participant receives compensation (including remuneration for expenses) after September 1 in the year of high school graduation or the equivalent.

If high school graduation or its equivalent cannot be ascertained, age 19 is used as the starting point.

For purposes of this rule, no student will be charged more than one season in any 12-month period.

Athletes charged one or more seasons of competition due to the application of this rule also must comply with all other applicable NAIA regulations (e.g., amateur rules, eligibility).

To determine if a particular student-athlete is subject to this rule and must complete a Competitive Experience Form:

For students enrolling in an institution of higher education for the first time

Is the student enrolling in your institution for the next regular academic term (not including summer) immediately following the student's high school graduation (or the student's 19th birthday, if high school graduation cannot be ascertained)?

If yes, **STOP** – no form is needed.

If no, your institution **must** complete a Competitive Experience Form for this student.

For students being recertified at this institution or students who have previously attended another institution of higher education

Following September 1 of the year of high school graduation, has the student ever competed or trained with any team **OR** has the student received remuneration for expenses related in any way to athletics?

If yes, institution **must** complete a Competitive Form for this student.

If no, **STOP** – no form is needed.

NOTE: During the 2004 – 05 academic year, was the student identified with an institution of higher education for two consecutive semesters or three consecutive quarters (not including summers)?

If yes, this student is not subject to the rule for actions prior to the 2004-05 academic year

If no, your institution **must** complete a Competitive Form for this student.

COMPETITIVE EXPERIENCE FORM

This form is to be filled out by the FAR, the student's head coach and the student. Complete all blanks.

Please print clearly.

BOTH SIDES OF THIS FORM MUST BE COMPLETED.

Institution _____ State _____

Name Last _____ First _____ Middle _____ Soc. Security/Student Visa _____

Date you first attended classes at this institution: Month _____ Date _____ Year _____

Date of Birth: Month _____ Date _____ Year _____

Did you graduate from high school? Yes No If "yes," complete the following:

Month and year of high school graduation: Month _____ Year _____

Name, city, State, Country of High School _____

If "No," did you earn a GED? Yes No

ATTENDANCE/WORK/OTHER ACTIVITIES SECTION: (Account chronologically for every academic/calendar term since high school graduation or its equivalent. List all work experience and all academic institutions (high schools, prep schools, college/university, trade schools, junior colleges, academies, etc.) attended, with approximate dates. In each case, list the city and country in which the activity took place.)

DATES (mo/yr)	CITY & COUNTRY	WORK/EDUCATIONAL ACTIVITIES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To the best of my knowledge, this is a complete and accurate report of my educational and work activities. I understand that providing incomplete or false information may result in the loss of all athletic eligibility at NAIA institutions.

Date _____ Student signature _____

Student's Name:

COMPETITION SECTION: Beginning with September 1 after your high school graduation (or your 19th birthday, if high school graduation cannot be determined), provide the following information concerning athletic competition in which you have taken part.

Have you ever been a member of a national team? Yes No If 'yes' state the country, the period of time (*from* month/year *to* month/year) you were part of the team and number of contests you played.

Have you ever trained or competed with a club or other team since high school graduation? Yes No If 'yes' state name, location, period of your participation (*from* month/year *to* month/year), level, team and/or tournament name.

Indicate if you received remuneration for: travel/meal expenses (TM), housing (H), salary (S), cash/prize money (P), or other (O), to include uniforms and other items not listed above. Identify the country, team and/or tournament in which the competition took place.

TM	H	S	P	O	COMPETITION	(Dates)	COUNTRY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

For each instance of expenses claimed (TM or H) attach a separate statement identifying the source and amount of payments.

Student Certification: To the best of my knowledge, this is a complete and accurate report of my athletic participation. I understand that providing incomplete or false information may result in the loss of all athletic eligibility at NAIA institutions.

Date _____ Student signature _____

Coach Certification: I have explained and reviewed the form with this student and to the best of my knowledge the data provided are an accurate record of the competitive record for this student. He/she has been informed of the consequences for providing incomplete or false information.

Date _____ Coach Signature _____

FAR Certification: I have explained the form to this student and believe that he/she understands what information must be provided and the consequences for providing incomplete or false information. I have determined the applicable number of seasons of competition on the basis of the information noted above.

Seasons of competition based on competitive experience outside intercollegiate athletics: _____

Date _____ FAR Signature _____