ATHLETICS
STANDARD OPERATING PROCEDURES
(SOP)

Core Values
Community, Integrity, Diversity, Scholarship and Outreach

DELAWARE STATE UNIVERSITY
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<td>Jeffrey Braxton</td>
<td>Assistant Football Coach</td>
<td>7683</td>
<td><a href="mailto:jbraxton@desu.edu">jbraxton@desu.edu</a></td>
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<tr>
<td>Justin Cort</td>
<td>Assistant for Football Operations</td>
<td>7447</td>
<td><a href="mailto:jcort@desu.edu">jcort@desu.edu</a></td>
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<tr>
<td>LeAndre Creamer</td>
<td>Assistant Football Coach</td>
<td>7658</td>
<td><a href="mailto:lcmreamer@desu.edu">lcmreamer@desu.edu</a></td>
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<tr>
<td>Jonas Jackson</td>
<td>Assistant Football Coach</td>
<td>6045</td>
<td><a href="mailto:jajackson@desu.edu">jajackson@desu.edu</a></td>
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<tr>
<td>Anthony Missick</td>
<td>Assistant Football Coach</td>
<td>6048</td>
<td><a href="mailto:amissick@desu.edu">amissick@desu.edu</a></td>
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<tr>
<td>Pamella Jenkins</td>
<td>Head Women's Lacrosse Coach</td>
<td>6011</td>
<td><a href="mailto:pjenkins@desu.edu">pjenkins@desu.edu</a></td>
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<tr>
<td>Kate Ryan</td>
<td>Assistant Women’s Lacrosse Coach</td>
<td>7365</td>
<td><a href="mailto:kryan20@students.desu.edu">kryan20@students.desu.edu</a></td>
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<td><strong>Women's Soccer</strong></td>
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<tr>
<td>Kortney Rhoades</td>
<td>Head Women’s Soccer Coach</td>
<td>7636</td>
<td><a href="mailto:krhoades@desu.edu">krhoades@desu.edu</a></td>
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<tr>
<td>Micah Varner</td>
<td>Assistant Women’s Soccer Coach</td>
<td>7632</td>
<td><a href="mailto:mvarner@desu.edu">mvarner@desu.edu</a></td>
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<tr>
<td>Jeffrey Franquet</td>
<td>Head Softball Coach</td>
<td>7740</td>
<td><a href="mailto:jfranquet@desu.edu">jfranquet@desu.edu</a></td>
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<tr>
<td>Lena Springer</td>
<td>Assistant Softball Coach</td>
<td>7894</td>
<td><a href="mailto:lspringer@desu.edu">lspringer@desu.edu</a></td>
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<tr>
<td>Todd Riedel</td>
<td>Head Strength &amp; Conditioning Coach</td>
<td>6026</td>
<td><a href="mailto:triedel@desu.edu">triedel@desu.edu</a></td>
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<tr>
<td>Chris Thompson</td>
<td>Assistant Strength &amp; Conditioning Coach</td>
<td>6032</td>
<td><a href="mailto:ccthomson@desu.edu">ccthomson@desu.edu</a></td>
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<tr>
<td>Charles (Cal) Laffitte</td>
<td>Strength &amp; Conditioning Assistant</td>
<td>6032</td>
<td><a href="mailto:claffitte2016@gmail.com">claffitte2016@gmail.com</a></td>
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<tr>
<td>Austin Kistner</td>
<td>Strength &amp; Conditioning Assistant</td>
<td>6032</td>
<td>austin <a href="mailto:kistner@hotmail.com">kistner@hotmail.com</a></td>
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<tr>
<td>John Williamson</td>
<td>Head Women's Tennis Coach</td>
<td>6040</td>
<td><a href="mailto:jwilliamson@desu.edu">jwilliamson@desu.edu</a></td>
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<tr>
<td>Stephen Kimes</td>
<td>Head M&amp;W Track &amp; Field/XC Coach</td>
<td>6891</td>
<td><a href="mailto:skimes@desu.edu">skimes@desu.edu</a></td>
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<tr>
<td>Gwen Harris</td>
<td>Assistant M&amp;W Track &amp; Field/XC Coach</td>
<td>6449</td>
<td><a href="mailto:gcharris@desu.edu">gcharris@desu.edu</a></td>
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<tr>
<td>Terence Gadson</td>
<td>Assistant M&amp;W Track &amp; Field Coach</td>
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<td>Brian Florek</td>
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<td>Ryan Shilling</td>
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<tr>
<td>Bruce Atkinson, D.C.</td>
<td>Head Volleyball Coach</td>
<td>7188</td>
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<tr>
<td>Henry Bluhm</td>
<td>Assistant Volleyball Coach</td>
<td>7444</td>
<td><a href="mailto:hbluhm@desu.edu">hbluhm@desu.edu</a></td>
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Mission

Delaware State University is a public, comprehensive, 1890 land-grant institution that offers access and opportunity to diverse populations from Delaware, the nation and the world. Building on its heritage as a historically black college, the University purposefully integrates the highest standards of excellence in teaching, research and service in its baccalaureate, master’s and doctoral programs. Its commitment to advance science, technology, liberal arts and the professions produces capable and productive leaders who contribute to the sustainability and economic development of the global community.

Vision Statement

As one of America’s most highly respected Historically Black Colleges and Universities, Delaware State University will be renowned for a standard of academic excellence that prepares our graduates to become the first choice of employers in a global market and invigorates the economy and the culture of Delaware and the Mid-Atlantic Region.

Core Values

Community  Integrity  Diversity  Scholarship  Outreach
MISSION

The Delaware State University Athletics Department purposefully integrates education, competition and leadership in pursuit of the highest standards of athletics excellence. Our mission is to produce successful graduates and championship teams who exemplify the core values of community, integrity, diversity, scholarship and outreach. Our actions are measured by achieving these objectives.

VISION

Delaware State University aims to be a model, multi-cultural NCAA Division I athletics department demonstrating best leadership practices, graduation rates and championship success.

Core Values
Community Integrity Diversity Scholarship Outreach
Onboarding

- Need – Desired position description, salary range, hire date, and submit proposal to Director of Athletics
- Position posted in - HR database (Executive Assistant to the AD)
- Retrieve Resumes (HR or designated person in department from the Taleo system)
- Committee Chair
  - Selects committee members (3 or more)
  - Selects interview questions
  - Copies resumes and interview scoring sheet for each candidate selected for an interview
- Select candidates to interview based on minimum qualifications and beyond (Position Description)
- Call and set up phone interviews
- Complete Interview Process – Phone Interviews, Campus Interviews (optional),
  - Recommend candidate(s) for hire to the Director of Athletics
- Submit all documents to be compiled for HR packaging to Executive Assistant to the AD.

Completed hire package includes: Memo for hire, positions description, resume with interview scoring sheets, resumes interviewed but not hired, resumes not interviewed, PAF from HR database system, AD signs memo, AD submits PAF to next signer. Package submitted to HR for further processing.

Further processing consists of – HR calling candidate and offering the position at the rate suggested. If the candidate agrees then a background check is completed for candidacy to hire. Once background check is cleared, HR will give candidate an orientation date which is their hire date.

Once a candidate attends orientation, s/he will come to the athletics department to complete the following forms:

1. Travel Request Card
2. Travel Training – DSU Finance department will provide date and time
3. Training on Banner 9
4. Training on ARMS – Compliance
5. Budget Review (if applicable) – Associate AD for Finance & Admin.
6. Authorized Driver form – Once they receive their first check. Must have Employee ID (from first paycheck) – attach a copy of your driver’s license

Out-Processing Employees

Letter of Resignation

- Must be received by their direct supervisor with a last date of employment listed. Direct supervisor will submit to the AD.
- HR database system. – PAF and separation form created (to inform University of last day).
- DSU Finance - Travel – turn in travel card and reconcile all outstanding travel
- Security – requires clearance
- Facilities – Associate AD for Facilities & Events (submit keys and equipment inventory list)
- Package needs to be taken to HR – LOR, Separation Form and PAF, and Department Out-Processing Form.

Further processing for completion will come from HR – Administer an exit interview

Any type of termination or suspension needs to be communicated first to the Director of Athletics and then proceed through HR before speaking with the employee. HR will then instruct next steps. Reprimands can be completed in memo form, a copy to the employee, HR and Athletic Department files.

Questions: Contact Executive Assistant to the Director of Athletics.
## Salary Levels
### Delaware State University
#### Athletics

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Email Signature
Open Email
Click on File
Click on Options
Click on mail
Click on Signature

![Signatures and Stationery dialog box]

Name
Title
College or Department
E: name@desu.edu | O: 302.857.XXXX | F: 302.857.XXXX
1200 N. DuPont Highway, Dover, DE 19901 | desu.edu

Delaware State University
This form can be found on the DESU website under HR forms. Employees need to complete everything in yellow. When inputting your D#, your name and employee ID will populate. There is a drop down arrow for the other items in yellow.
BENEFITS – PAYSTUBS - W-2’S

Go to this website:  https://sso.delaware.gov
User Id: Is your six digit Employee ID (You can get this off your first paycheck stub). Follow directions for new user, forgot password etc…

Once you get in you will see this.

Click on State of Delaware Employee Self Service

Click on Payroll and Compensation to get a copy of your paycheck or your W-2’s.
In order to get your W-2 you will need to consent to receive it electronically.
OUTSIDE EMPLOYMENT – From DSU Employee manual section 3.9

A full-time professional position at Delaware State University is expected to be the employee’s primary job. Full-time professional employees are required to report immediately, in writing, employment with any person or organization other than the University. Such a report must include self-employment and outside consulting on a full-time or part-time basis.

☐ Employees are required to provide this report to their respective senior-level administrator. It will be the responsibility of the senior-level administrator to serve as an informed source of advice and guidance to the employee, to determine whether the outside employment may conflict with the employee’s responsibilities at the University.

☐ Upon determination of a reasonable probability of a conflict, the administrator shall take necessary steps to resolve the situation in collaboration with the Office of Human Resources.

☐ All correspondence concerning the outside employment shall be forwarded to the Office of Human Resources and will be a part of the employee’s personnel file. If employment outside the University is approved and later appears to generate conflict of interest or interferes in the performance of University duties, the University reserves the right to require the employee either reduce or discontinue such employment within thirty (30) days.

Game/Competition Contracts

**Home competitions** have a standard contract boiler plate. Contact Executive Assistant to the Athletic Director

**Away competitions** – need to be verified by Head Coach (initial contract) then given to Executive Assistant to the Athletic Director to process for signatures.

**Guarantee contracts** need to be vetted through AD and routed through the Offices of General Council and Finance. There is a routing sheet that must be attached for signatures for final approval and completion.

For all contracts that are completed, the following will take place:

1) Electronic copy will be filed with the Executive Assistant, Associate AD of Finance & Administration and Head Coach
2) Electronic copy sent to the sport head coach with instructions to forward a copy or original to the opposing school.
3) The original will be placed in Sport mail box
Budget and Finance Policies and Procedures

Responsibility and Control

The Board of Trustees (BOT) annually approves the University budget. Final budgetary allocations and fiscal control and responsibility are vested in the President and the Vice President for Finance/CFO as approved by the Board of Trustees. The Athletic Director is responsible for formulating overall budgetary allocations.

Budget

1. The budget of the Department of Athletics is designed to serve not only as the plan for determining the expenditure level of each area of operation, but also as the basis for the management of operations, performance, and gender equity benchmarks.
2. All expenditures must be made in accordance with the procedures of the Department of Athletics, Delaware State University Regulations, and University guidelines. It is the responsibility of all personnel in the Department of Athletics to inform themselves of all applicable rules and regulations and to ensure that expenditures are in conformity with State laws as well as University and Department of Athletics guidelines and procedures.
3. Coaches and staff members who are delegated budgetary responsibility will receive an annual budget to conduct their programs from the Associate AD-Finance & Administration. All coaches and staff members will operate their respective programs within the funds allocated. Coaches and staff members will annually sign their budget agreement and will be bound to this agreement as a term of employment performance and evaluation.
4. When revenues are near depletion in a sport or in the total Intercollegiate Athletics Program, funds will be restricted to prevent total depletion prior to the end of the fiscal year (June 30).

Annual Audit

The Department of Athletics will be subject to an external financial audit every year in accordance with NCAA I Agreed-Upon Procedures. Compliance with all rules and regulations governing finances and the actions of the Department of Athletics will be reviewed and a report submitted to the President.

Team Travel

A Travel authorization request must be completed and submitted through Banner prior to a team(s) traveling. The travel roster must also be submitted to the Office of Compliance prior to travel.

A cash advance form, prepared by the coach and signed-off on by the Associate AD-Finance & Administration, is utilized in requesting any cash advance. On the day the advance is requested to be made available, the head coach picks up the check from the cashier’s office. Upon returning from the team(s) trip, each head coach submits receipts and all necessary paperwork to the university business office cashier. Any remaining cash is taken by the trip coordinator to the business office within one business day of the team’s return. The approval for all team travel and expense is reviewed/approved by the Associate AD-Finance & Administration.

Team travel guidelines state coaches must, over the course of their respective seasons, adhere strictly to their
travel budget, approval, and reconciliation processes. A cash per diem or the T-card is available for student travel. A coach choosing to use the cash per diem must complete all necessary forms. The meal per diem for a full day’s travel is $32 ($7 breakfast, $11 lunch, $14 dinner).

Coaches are encouraged to negotiate packages with hotels and restaurants to lower their costs. With prior approval from the Associate AD-Finance & Administration, coaches may use other funds within their discretionary line item and/or fundraising and/or camp fund to offset travel expenditures.

All university rules and regulations surrounding student (team) travel are followed by the athletic department.

Please see Delaware State University Travel policies and procedures for additional information

**Individual Travel**

For individual travel by athletic department personnel a travel authorization request must be submitted to the Associate AD-Finance & Administration through Banner. The authorization request form is completed by the traveler before the trip occurs and authorized by the Associate AD-Finance & Administration. Travelers are required to submit itemized receipts for expenses. Within 7 business days, the traveler will submit all receipts through M&T and complete their expense report.

Please see Delaware State University Travel policies and procedures for additional information.
Petty Cash for Student Hosts during On-Campus Recruiting

When the Academics and Compliance Office approves an official visit, a student host may receive no more than $30/day in cash for entertaining a recruit. After the official travel request and student host form are signed and the visit approved by the Office of Compliance, the student host receives the petty cash and signs the student host form. At the completion of the recruit’s visit, the student host returns any unused monies and/or receipts up to the amount originally allotted to the sport’s respective coach. Any remaining monies are deposited back to the sport’s recruiting account and the receipt from the university business office is attached to the paperwork to be verified by the Office of Compliance and signed by the Associate AD-Finance & Administration.

Rights Holder Multi-Year Agreement

Peak Sports Management will handle all corporate sponsorship contracts beginning in FY21. This includes both the sales and fulfillment aspects of all corporate sponsorship packages.

SCOPE OF SERVICES RENDERED BY PEAK SPORTS

Delaware State hereby agrees that Peak Sports will represent Delaware State in the securing of sponsorships and advertising agreements for all existing and new inventory for Delaware State’s athletic department. More specifically, Peak Sports will have the exclusive rights to market and secure sponsorships for Delaware State’s athletic department. Peak Sports will be the only organization to solicit sponsorship sales on behalf of Delaware State Athletics including third party companies, Delaware State, and all of its employees. Peak Sports will market and secure sponsorships for events, contests, matches and games that are hosted by Delaware State Athletics in or out of the Dover, Delaware area. Peak Sports will market and secure sponsorships for NCAA Post Season and MEAC Conference (or other collegiate athletic conferences) Post Season events, contests, matches and games that are hosted by Delaware State Athletics when allowed by those organizations. Peak Sports will market and secure sponsorships for predetermined or unanticipated Preseason (e.g. Preseason WNIT, etc.), Midseason (e.g. Bracket buster, etc.) or Postseason (e.g. WBI, etc.) events, contests, matches and games that are hosted by Delaware State Athletics when allowed by those organizations. Peak Sports will market and secure sponsorships for television and radio broadcasts of events, contests, matches and games that are produced by or specifically for Delaware State Athletics. When allowed by the producing and/or broadcasting agency/company, Peak Sports will sell sponsorships for television and radio broadcasts of events, contests, matches and games that include Delaware State Athletics.

Peak Sports will have the exclusive rights to market and secure sponsorships and advertising agreements which includes, but is not limited to, the following:

- Venue Signage
  - Fixed Signage
  - Temporary Signage
  - Digital Signage
  - Video Board Digital Elements
- Naming Rights when tied to a business’s name or likeness
- Public Address Announcements
- Print
  - Schedule Posters and Cards
  - Ticket Backs and related items
  - Game Programs
- Web Based Elements
  - Athletic Department Website
  - Delaware State run/operated social media handles and pages
o Delaware State run/operated video pages e.g. Youtube.com

● Radio Elements
● Television Elements
● Game Sponsorships
● In-Game Promotions
● Sampling Opportunities
● Rivalry Series and Trophy Games
● Areas Near the Peripheral of Athletic Venues
  o Sponsored Tailgate Area
  o Signage
  o Sampling and Distribution
  o Vending approved by Campus Food Service Provider
● Other opportunities as identified by both Delaware State Athletics and Peak Sports

This list is provided to show the general scope of Peak Sports’ right to obtaining sponsorship and advertising agreements for Delaware State and should not be construed as an exhaustive list of sponsorship and advertising agreements Peak Sports has the exclusive right to pursue. Above all, Peak Sports will be the only entity to represent, sell, trade or donate exposure to an individual, organization or business in or around Delaware State athletic events and venues via sponsorship packages or advertising agreements for Delaware State Athletics.

For purposes of this contract, any reference to sponsorship and/or advertising agreements will be defined as any form of marketing in which a corporation, entity, or individual pays for all or some of the costs associated with a program of Delaware State Athletics in exchange for recognition or advertising, or when a corporation, entity, or individual provides Delaware State Athletics with any form of payment (including goods and services) in exchange for marketing or advertising purposes.
Money Received by Athletics

Policies and Procedures for Monetary Receipt of Funds and Deposits thereof

Pre-Sale/Early Bird Ticket Revenue

When pre-sale/early bird ticket revenues are received in the ticket office, a receipt is given to the customer. A balance sheet is prepared for the day’s sales. The balance sheet and money are deposited with the Cashier’s Office within the next business day. All receipts (which includes breakdown of checks, credit cards, cash and online sales) are kept electronically and corresponding to the fiscal year in the athletics department.

Game Day Revenue

Revenue received for game day ticket sales, and special events (i.e. cross country meet, entry fees, etc.) are recorded by the Athletic Ticket Manager or his/her designee and verified for accuracy by reconciling sales to tickets based on a sequential numbering system on the tickets. Upon reconciling sales, recording the information, and preparing the balance sheet, the Athletics Ticket Designee takes monies to the Athletic Ticket Manager, who then verifies all information is correct and recorded properly. The Athletic Ticket Manager then takes the balance sheets and monies to the cashier’s office for deposit within one (1) business day.

Annual Ticket Sales Reconciliation

Ticket sales reconciliation shall be performed monthly and include documentation signed by the preparer and the reviewer showing monthly revenue and sales settlements balanced back to game day fund documentation(s).

Working Funds (Petty Cash)

A permanent working fund is generally used by the athletics department as petty cash for daily operations. These funds are made payable to individuals known as custodians. Custodians of permanent working funds are responsible for the safety and accountability of these funds.

1. Request Funds from cashier’s office using an Institutional Requisition form.
2. Funds may be picked up from the cashier’s office by the custodian.
3. Working funds will be stored in locking box during regular business hours and in the vault located in the athletics ticket office.
4. The working funds must be used for the purpose defined in the original request.
5. Cash logs and changes in custody must be recorded with documentation according to University cash handling procedures.

Transmittal of Funds

All funds changing hands within the athletics department shall be noted on the custody log maintained in the ticket office and stored electronically. Funds signed in and out for activities and events will be counted by both parties and noted on the custody log.
DSU Athletic Camps

DSU Athletic Camp forms can be found in ARMS. Registration must be completed online through ARMS. ARMS will capture all demographic information for each participant including: name, address, phone number, email address, camp attended, amount paid, any discounts and any other notes needed. ARMS will send a monthly settlement check for all payments for each specific camp. Deposits are made within one (1) business day of receipt of settlement check. Balance sheets and receipts are kept electronically. Upon completion of the camp, the camp records are reconciled with the account information in Banner.

Receipt Book Procedures

At least one receipt book is always kept in the athletics department for miscellaneous items. The athletics department always gives one receipt to the customer and archives the book once it is completed.

Cash Handling Prior to Deposit

Full and true accounting of all funds collected, including identification of the sources of such funds, must be maintained. Anyone who receives cash or checks (coaches, staff, etc.) for any purpose is responsible for ensuring that proper procedures for handling and accounting for cash are followed. Upon receipt of cash or checks, an official receipt must be written in the receipt book and signed by the receiver. Checks must have the payee line completed and be endorsed upon receipt.

Regardless of the receiver of cash or checks (coaches, staff, etc.), any form of currency kept overnight in the athletic department prior to deposit is kept in a vault in the Athletics Ticket Office. Only the Athletic Ticket Manager and Associate AD-Finance & Administration can open the vault. During the next business day, the receiver may check out the funds from the Athletic Ticket Manager or Associate AD-Finance & Administration for depositing purposes.

All employees who are hired to work in the ticket and athletics business office, or anyone who will handle cash, will be required to complete cash handling training their first week of work.

Deposits

Deposits should be made no later than 3:00 p.m. on regular business days at the cashier’s office.

All Other Miscellaneous Funds (i.e. Special Events, Game Guarantee, Reunion/Hall of Fame)

Once funds are received for miscellaneous events, game guarantee(s), and reunion/hall of fame registration fees, a receipt is written from the athletic receipt book by the Associate AD-Finance & Administration and/or his/her designee. Deposits are made within one (1) business day of receipt of funds using a deposit form. The Athletics Ticket Manager/designee/Associate AD-Finance & Administration completes the balance sheet in accordance with the funds received and the receipts that are written. Then the Athletics Ticket Manager/Designee takes the funds and balance sheet to the Athletic Ticket Manager /Associate AD-Finance & Administration to be verified. Upon said verification, all the aforementioned items are taken to the cashier’s office for deposit.
Complimentary Tickets

- Delaware State University full-time (FTE) and part-time (PTE) athletic employees are provided two (2) complimentary reserved admission tickets to each home game. Football and Basketball head coaches shall receive four (4) complimentary tickets for their respective ticketed games during their seasons.
- Delaware state University student-athletes are provided up to four (4) general admissions complimentary pass list admissions for each home game in their sport.
- Student-Athlete guest’s name shall be submitted to the Office of Compliance no later than 48 hours prior to the contest.
- No complimentary tickets are issued for post season or playoff games.

MEAC Passes

- The distribution of the MEAC passes are at the discretion of the Athletics Director.
- These passes are only valid during regular season play. They are not valid during the MEAC Basketball Tournament, post season, or playoff games.
Athletic Facility and Events

DSU Van Usage

Vehicles Use Procedures
1) Vehicles are to be operated by authorized DSU athletics department personnel for official business only.
2) Driver must be 21 years of age or older, an athletics department staff member, and hold a valid license.
3) Vehicles are not to be operated for the purpose of recreational or student organization functions.
4) **Vehicles may never be taken to operator’s residence**
5) Vehicles are not to be used to transport unauthorized passengers which are defined as, but not limited to, an individual who is not a university faculty, staff or student athlete.
6) All authorized drivers and passengers are required to wear seatbelts under current Delaware law.
7) Vehicles are not authorized to travel more than 6 hours per driver.
8) Multiple drivers are required for a round trip that exceed over a 6-hour time limit.
9) Smoking in vehicles is strictly prohibited.
10) All fines for parking tickets and moving violations are the sole, personal responsibility of the driver who receives the violation.
11) It is of the utmost necessity to request vehicle(s) in advance, (7 days) minimum, via Check-out form (in ARMS).
12) All vehicles must be returned with a full tank of fuel. If a vehicle is returned with less than a full tank of fuel, a refueling charge of $30.00 will be assessed to the responsible driver’s budget.
13) All authorized drivers will be issued a FUELMAN personal identification number. The FUELMAN card is assigned to each vehicle and enables fuel to be purchased at any FUELMAN location.
14) Any unauthorized FUELMAN is strictly prohibited and may subject the authorized driver to disciplinary actions. For more information, Read the FUELMAN CARD violation procedure.
15) FUELMAN CARD VIOLATION PROCEDURE: These are the procedures that will be followed if a DSU faculty or professional staff commits a FUELMAN CARD VIOLATION.
   - **First Violation Notice:** Supervisor and violator will receive a copy of the violation notification.
   - **Second Violation Notice:** Supervisor and violator will receive a copy of the violation notification. A meeting with the violator and supervisor will be arranged to explain or answer any questions about the violation notification. They will be informed that this will be the last notification before their PIN number is deactivated for two (2) weeks.
   - **Third Violation Notice:** Supervisor and violator will receive a copy of the violation notification. Supervisor will be informed that the violator PIN number has been deactivated for a full year.
16) All vehicles are to be cleaned and left with no personal items once returned to campus.
17) Keys are to be returned to the athletics facilities office.
   - All are required to read and understand the OFFICE OF FLEET SERVICES POLICY for more information.
18) All van reservations must be made through ARMS at least one week before your departure date.
Care of Assets

Delaware State University (DSU) has a significant investment in fixed assets, such as land, buildings, equipment, software, furniture, and vehicles which are used to carry on its missions of purposefully integrating the highest standards of excellence in teaching, research and public service. The University follows the same procurement policies and procedures for the purchase of equipment and other fixed assets as it does for any other purchase of goods and services. DSU will specifically comply with the Federal Office of Management and Budget Circulars, Federal Acquisition Regulations and State of Delaware Asset Management Accounting Policy. This policy addresses the basic requirements for fixed assets but does not address all specific procedures, especially those processes related to the approval, authorization, and appropriation of building construction or capital outlay projects. II.

Purpose

The purpose of this policy is to ensure that the University’s fixed assets are acquired, safeguarded, controlled, disposed of, and accounted for in accordance with state and federal regulations, audit requirements, applicable accounting pronouncements, generally accepted accounting principles, and in a manner that supports the maximum recovery of Facilities and Administrative (indirect) costs associated with these assets. Fixed assets are defined as tangible property items, have an estimated life of more than one year, and have a value greater than $5,000. DSU will maintain an inventory of all Controllable Assets as defined in Section 6. III.

Scope and Applicability In addition, this policy applies to all fixed assets regardless of source of funds used to acquire the assets (including donated assets) and applies to all University departments that use, have custody of, or have been assigned responsibility for such fixed assets. Items owned by faculty, students, and staff are not covered by this policy. Page 2 of 11 IV.

Ownership

All fixed assets are owned by the University and not by a specific individual, department or other operating unit. Generally, the University has sole ownership of all equipment acquired regardless of the source of funding or method of acquisition with the following exceptions:

- Equipment acquired through sponsored projects where the federal government or other sponsor retains title to the equipment or where the sponsor furnishes equipment merely for the duration of the project.
- Equipment on a short-term loan from another institution or agency
- Leased equipment -These exceptions are not common since the University has title to the vast majority of the equipment it acquires. V.

Responsibility

Department Responsibility - All DSU employees are responsible for protecting University property or federal government owned property entrusted to them. Deans, vice presidents, department heads, and department chairs (or similar titles for the administrative manager of each University organizational unit) are ultimately responsible for, and are held accountable for assuming proprietary control of all equipment and other fixed assets in their custody or assigned to their department. This includes establishing business practices and procedures for such equipment and other fixed assets that provide the following:

1. The proper care, maintenance, control, and reasonable safeguards to prevent loss, damage or theft of such equipment and other fixed assets.
2. The proper use of such equipment and other fixed assets. Such items should be used for University business purposes and in accordance with University policies and state and federal regulations.
3. The creation of procedures requiring initial screening before requisitioning equipment and other fixed assets to avoid duplicate purchases and verification that items ordered and received are in good operating condition.
4. The proper disposal of obsolete, unneeded, or inoperable fixed assets and other property in accordance with University policy. Department heads may transfer to another University department or location but cannot sell or donate property to an individual or commercial firm. Departmental procedures should ensure that a Property Change Form is submitted to the Fixed Asset and Inventory Manager prior to the disposal or transfer of an asset.

5. Theft of equipment and other fixed assets as well as equipment or fixed assets lost or destroyed as a result of a casualty should be reported to the following:

- DSU Public Safety
- Internal Audit
- Fixed Asset and Inventory Manager
- Risk Management If the items involved are sponsor-funded equipment, the Principal Investigator or Program Director and the Office of Sponsored Programs should also be notified.

6. Report inventory items received through means other than a purchase to the Fixed Asset and Inventory Manager.

7. Ensure that for all equipment that is to be traded in against a new piece of equipment, the purchase requisition clearly designates the identification number of the equipment to be traded in. A completed Property Change Form should be forwarded to the Fixed Asset and Inventory Manager.
Welcome to Delaware State University’s Athletic Training team. You are joining us at an exciting time. Over the past year, we have partnered with Pivot Physical Therapy and have on-boarded eight new Athletic Trainers. We have been given the opportunity to create a sports medicine program from the ground up. The core values of the Athletic Training team are to create an atmosphere that promotes effective operation, consistent communication between physicians, coaches, athletes, and other athletic training teams, and we are actively pursuing innovative methods of treatment based on best practice guidelines. An all-inclusive team effort will be the foundational pillar of the program’s success. We look forward to having you join the Delaware State University Athletic Training team. Go Hornets!

Onboarding Checklist

__Pivot Paperwork and Onboarding
__DSU New Employee Orientation
__Parking Pass (the parkingpermit.com and search for DSU; choose Lot 1)
__Employee Badge
__Email (need to sign computer usage form)
__Email Signature
__911-Shield (download campus shield app and look for DSU; use staff category)
__Keys for Athletic Training Room outside doors
__Keys for inside Athletic Training Room (in lock box on closet door; code 160)
__Sportswear (DSU email with Hornets1 password; change password first time you log in)
__IMPACT Log In
__Kits (Assigned per team, not per Athletic Trainer right now; kits will be marked or with team)
__Read through DSU Sports Medicine Policies and Procedures (keep list of questions for us to add to document)

DSU Athletic Training Professionalism

The DSU Athletic Training provides holistic healthcare services for approximately 400 student athletes on DSU’s 19 teams. We hold ourselves to the highest healthcare standards including:

• Cleanliness and sanitation in our healthcare facility (the Athletic Training Room)
• Professional conduction in speech and behavior at all times with student athletes, coaches, administration, and each other
• Upholding Delaware state licensing and Athletic Training Practice Act regulations
• Providing current and evidence-based medical evaluations and care
• Completing thorough and accurate medical documentation
• Medical care given on road trips shall not occur in hotel bedrooms; must be completed in a conference room, hallway, or other designated team room
• Upholding the NATA Ethics Standard

Privacy Statement

In according to Healthcare Privacy policies, the DSU Athletic Trainers will not post pictures or details of injuries on social media—even if a student athlete gives verbal permission. Discussion of injuries or illnesses is confined to DSU medical personal and related physicians and Staff members. Student athletes, if not a minor, must give consent to discuss injury or illness with parents or other individuals.
State Licensure and Practice Act Information

Athletic Training License expires on January 31st of odd years.

Several weeks before the permit expiration date, a renewal notice will be sent to the email address on the record. This notice will explain how to access the online renewal application. To complete the online renewal application, you must use a credit card to pay your renewal fee. Please keep your contact information in our records up-to-date so that notices we send will reach you. To check and update your contact information online, click Change Contact Information. https://dpr.delaware.gov/boards/physicaltherapy/renewal/

Renewing Active Licenses
To renew a license in active status, you must attest to completing the required continuing education units (CEUs). The CEU requirement includes 0.2 CEUs (two hours) of ethics and a CPR course which will count for 0.1 CEU. See Section 13.0 of the Board’s Rules and Regulations for complete information on the CEU requirements. After the renewal, a percentage of licensees will be randomly selected for audit of their CE.

DE Athletic Training Professional Licensure link: https://dpr.delaware.gov/boards/physicaltherapy/newtrainer/

Verify License: https://dpromline.delaware.gov/mylicense%20weblookup/Search.aspx

Delaware Practice Act Code
Physical Therapy and Athletic Training Board http://delcode.delaware.gov/title24/c026/

Division of Professional Regulation: 2600 Examining Board of Physical Therapists and Athletic Trainers http://regulations.delaware.gov/AdminCode/title24/2600.shtml

Standing Orders
All Athletic Trainers, per DE State Licensing, must practice under the Standing Orders of a physician. DSU’s Standing Orders are signed by Dr. Piccioni. The head AT or DSU Admin must email Dr. Piccioni the Athletic Trainer’s verification of CPR/FA/AED, NATA BOC Certification, and State License information.
## Important Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfister Jr, Roger</td>
<td>Head Athletic Trainer</td>
<td>919-943-7588</td>
<td><a href="mailto:ccordrey@desu.edu">ccordrey@desu.edu</a></td>
</tr>
<tr>
<td>Allen, Nick</td>
<td>Assistant Athletic Trainer</td>
<td>484-725-9997</td>
<td><a href="mailto:nallen@desu.edu">nallen@desu.edu</a></td>
</tr>
<tr>
<td>Danforth, Taylor-Rae</td>
<td>Assistant Athletic Trainer</td>
<td>315-559-0112</td>
<td><a href="mailto:trdanforth@desu.edu">trdanforth@desu.edu</a></td>
</tr>
<tr>
<td>Brandon Gautier</td>
<td>Assistant Athletic Trainer</td>
<td>302-419-4269</td>
<td><a href="mailto:Bgautier@desu.edu">Bgautier@desu.edu</a></td>
</tr>
<tr>
<td>Robert Sales</td>
<td>Assistant Athletic Trainer</td>
<td>470-521-9947</td>
<td><a href="mailto:Rsales@desu.edu">Rsales@desu.edu</a></td>
</tr>
<tr>
<td>Soltanuk, Katherine</td>
<td>Assistant Athletic Trainer</td>
<td>856-981-2670</td>
<td><a href="mailto:Ksoltanuk@desu.edu">Ksoltanuk@desu.edu</a></td>
</tr>
<tr>
<td>Stoll, Madeline</td>
<td>Assistant Athletic Trainer</td>
<td>908-246-3709</td>
<td><a href="mailto:Mstoll@desu.edu">Mstoll@desu.edu</a></td>
</tr>
<tr>
<td>Janik, Jonathan</td>
<td>Assistant Athletic Trainer</td>
<td>484-880-1800</td>
<td><a href="mailto:Jjanik@desu.edu">Jjanik@desu.edu</a></td>
</tr>
<tr>
<td>Minus, Gloria</td>
<td>DSU Athletic Insurance Coordinator</td>
<td>302-883-1500</td>
<td><a href="mailto:gminus@desu.edu">gminus@desu.edu</a></td>
</tr>
<tr>
<td>Gadson, Alecia</td>
<td>DSU Sr. Associate AD of Compliance &amp; SWA</td>
<td>302-784-4870</td>
<td><a href="mailto:agadson@desu.edu">agadson@desu.edu</a></td>
</tr>
<tr>
<td>Fortune, Matt</td>
<td>DSU Associate AD of Facilities &amp; Events</td>
<td>302-981-9391</td>
<td><a href="mailto:mfortune@desu.edu">mfortune@desu.edu</a></td>
</tr>
<tr>
<td>Hawkins, Dennis</td>
<td>DSU Associate AD of Finance &amp; Administration</td>
<td>513-332-8841</td>
<td><a href="mailto:dhawkins@desu.edu">dhawkins@desu.edu</a></td>
</tr>
<tr>
<td>Gines, Dr. D. Scott</td>
<td>DSU Director of Athletics</td>
<td>302-857-6030</td>
<td><a href="mailto:dgines@desu.edu">dgines@desu.edu</a></td>
</tr>
<tr>
<td>Piccioni, Dr. Lawrence</td>
<td>Team Doctor</td>
<td>302-270-2798 (c)</td>
<td><a href="mailto:lawrencepiccionimdpa@gmail.com">lawrencepiccionimdpa@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>302-730-8060 (o)</td>
<td><a href="mailto:barbara.blansfield@gmail.com">barbara.blansfield@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>302-382-0036 (Barbara cell)</td>
<td></td>
</tr>
<tr>
<td>Bley, Dr. Bradley</td>
<td>Concussion consult</td>
<td>732-580-2646</td>
<td><a href="mailto:bradcbley@gmail.com">bradcbley@gmail.com</a></td>
</tr>
</tbody>
</table>
Scheduling Doctor’s Appointments and Off Campus Care

Current Protocol for Scheduling an Athletic off Campus Doctor’s/Rehabilitation appointment:
- Document incident in Sports-Ware
- Secure the following information from Student-Athlete
  - Name
  - Sport
  - Cell #
  - SSN (unless referring to Dr. Piccioni)
  - Address (unless referring to Dr. Piccioni)
  - Side
  - Body part
  - Generally the reason (need to r/o fx)
- Referring AT fills out BMI form, makes copy, and presents a copy to SA
- Referring AT alerts office or finds appropriate location
- Referring AT schedules appointment with student-athlete present
- Referring AT reserves vehicle for date of appointment and arranges for Athletic Trainer transport SA to appointment
- Send information to Head AT
- Referring AT to follow up with student-athlete and implement care plan as prescribed by physician
- Referring AT ensures insurance claim form and appropriate information is relayed to BMI and to doctor’s office as needed
- Copy of Insurance Claim form as well as all bills turned into Athletic Insurance Coordinator
- Referring AT present Head Athletic Trainer will Doctors finding and treatment protocol for SA.

Current Affiliated Doctor/Physicians

<table>
<thead>
<tr>
<th>Doctor</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| Dr. Piccioni | Team Physician; Signed Standing Orders General Surgeon  
All orthopedic cases go Dr. Piccioni; he will refer out as needed  
Dr. Piccioni must clear any orthopedic case regardless of who student-athlete sees  
260 Beiser Blvd Ste 101, Dover, DE 19904  
(302) 730 - 8060  
Ask for Barbara to schedule appt |
| Dr. Bley     | Delaware Orthopedic Specialists, Sports Medicine Physician  
We send concussion and overuse injuries  
Bradley Bley, DO, FAAP, RMSK, CSCS  
Delaware Orthopedic Specialists  
Primary Care Sports Medicine  
www.delortho.com  
Has Newark/Middletown offices  
302-644-9494  
Ask for Greg to schedule |
| Dr. Webster  | Emergency Dentist  
1522 S. State St.  
Dover, DE 19901  
302-674-1080 |
Clearance Policy (as of 2/25/2020)

- All orthopedic injuries must be cleared through Dr. Piccioni, except student-athletes seen by Dr. Bley (athlete cannot be cleared by their “own” physician).
- Anyone seen by Dr. Bley (concussion/overuse), is cleared per Dr. Bley’s orders
- Anyone who goes to ED/doctor for minor illness (e.g. ear infection, sinus infection), is cleared if they present a note that clearly states that they are “cleared for physical activity”
- Student-Athletes who go to ED/doctor for asthma, cardiac, infectious disease, or conditions that could affect health while completing physical activity must be cleared by Dr. Piccioni
- Student-Athletes who see a vision or dental specialist are cleared per the specialist

Physicals

- Currently, we do not have a team doctor who does physicals. Athletes have been taking the DSU Physical form to Med Express or their own physician. This is something we need to address for April 2020 physicals. (This is in the process of changing)

Insurance Information

DSU’s Athletic Insurance General Information

- Bob McCloskey Insurance (BMI)
  - BMI Rep:
    - Julie C. Freeman
    - Assistant Claims Manager for Audit and Compliance
    - BMI Benefits LLC; P O Box 511; Matawan, N J 07747
    - PH # (800)445-3126 x 134; Fax # (732)583-9610
    - julie@bobmccloskey.com
  - DSU started working with BMI Oct 2018. Claims prior to 10-18 are to be discussed with previous insurance company.
  - Initial medical treatment must occur within 180 days of the injury and claims must be submitted within 180 days of treatment however, DSU requires that:
    - Student-Athlete reports injury within 14 days of initial occurrence
  - To submit claim form:
    - Make sure initial injury is recorded accurately in Sportsware
    - Highlight the injury
    - Click on BMI Insurance tab on right side
    - This will automatically generate the insurance claim and send to BMI. An attachment of the claim form will be saved in the “Attachments” tab of the student-athlete’s injury
    - Make sure student’s DOB and primary insurance information is updated in Sportsware; otherwise, that information needs to be emailed to the BMI rep

- The Athletics Insurance (BMI) is a SECONDARY insurance. All DSU students are required to have their own insurance or enroll in the student United Health Care insurance plan.
  - When sending student-athletes to the doctor, give them a copy of the DSU (BMI) insurance Claim Form and their primary insurance card with instruction to use their personal insurance coverage as the primary and DSU’s as secondary coverage.
  - If sending a student-athlete off-campus, inform the Head AT then schedule the appointment. When you submit the claim form, inform the Head AT.
  - Student-Athletes need to bring bills and Explanation of Benefits (EOB) into the Athletic Training room in order for the bill to be paid.
• Currently, Dr. Piccioni’s office and Dr. Bley’s office have a copy of the BMI insurance card on file. Student-athletes do not need to bring the card with them to those appointments.
• Student-Athletes are responsible for paying any bills or co-pays not covered by their primary insurance and the DSU Secondary (BMI) Insurance.
• The BMI Insurance is for ATHLETIC RELATED INJURES only. Mechanism of injury (MOI) that occur off the field/not at an athletic event are NOT COVERED. The athlete must use their personal insurance for such case (example; a student-athlete stepped on glass near his dorm).
• For cases such as prescriptions or vision or dental emergencies, have the student-athlete present both their primary medical (and prescription, dental, vision if they have it) and the DSU BMI insurance card. Whatever is not covered between the two cards is theirs to pay.

BMI Insurance Card

How to Help Student Athletes find their DSU Student Insurance Card:
If you have the school’s insurance (United Health Care)
   Go to:
      Firststudents.com and print ID Card. If no ID card comes up, choose the “Enroll Now— Hard Waiver” option on the left side and follow the prompts
Campus Map and Names of Athletic Facilities

Game Day Locations

Football = Alumni Stadium  
Baseball = Soldier Field  
Softball = Hornet’s Nest Softball Field  
Men’s Basketball = Memorial Hall  
Women’s Basketball = Memorial Hall  
Volleyball = Memorial Hall  
Cross Country = The Farm  
Equestrian = Dovington Training Center; State Fairgrounds  
Weight Room = Memorial Hall  
Track & Field = Alumni Stadium  
Soccer = Alumni Stadium  
Lacrosse = Alumni Stadium  
Golf = Wild Quail Country Club  
Tennis = Colonial Tennis Club  
Bowling = Doverama Bowling Center

Additional Practice Facilities
Baseball/Softball Annex (located off of College Road)  
Student Wellness and Recreation Center (WRC--- Other side of Memorial Hall Building)  
Practice Field (grass field behind Alumni Stadium)

Campus Map - https://www.desu.edu/about/campus-map-directions
Athletic Training Room Rules

Student Athletes:

- Are only allowed in the Athletic Training room when a Certified Athletic Trainer is present
- May not operate/adjust modalities (ultrasound/estim, etc)
- Must sign in on Sportware when arriving in the athletic training room
- Must notify ATs of any off campus care (trips to an ED or consultant with own physician)
- All injuries including non-sport related have to be reported to AT staff
- Check in daily with Athletic Trainer if listed on an injury report
- May not use disrespectful language or behavior
- No Cell Phone usage
- No Hats
- No ear pods/ headphones
- No Horseplay
- No Shoes on tables
- If you take it out put it back the way you found it
- If it’s not yours, don’t take it (No Stealing)
- All equipment and apparel kept in or by lockers
- No Cleats
- Help Keep the Athletic Training Room Clean
- No food or drinks
- Come in dressed and ready for treatment or rehab
- DSU Athletic Apparel should be worn
Physical and Try-Out Information

FIRST YEAR Student-Athlete Medical Clearance Instructions

Congratulations on becoming a DSU Hornet! Below are instructions regarding what you need to complete to be medically cleared to participate with your team:

1) A DSU Physical Form Completed by a physician
2) A copy of the FRONT and BACK of your personal insurance card
   a. If you have the school’s insurance (United Health Care), go to
      i. Firststudents.com and print ID Card. If no ID card comes up, choose the “Enroll Now—Hard Waiver” option on the left side and follow the prompts
3) Your Sickle Cell test results
   a. This may already be on file with your pediatrician. Request a copy. This may take a few business days depending on your physician’s policies
   b. You may also come to the Athletic Training Room and request a physician script that you can take to Lab Corp. It will take about 4 business days for the results to be faxed to us.
   c. Note: it does not matter if you are positive or negative for sickle cell trait to try-out; it simply allows the medical personal to make the best decisions for your care in an emergency
4) The DSU First Year Student-Athlete Paperwork packet
   a. This packet is attached and includes documents such as our Permission To Treat document and your Emergency Contact Form
5) IMPACT Concussion Test
   a. An Athletic Trainer will be in touch to schedule you for a baseline concussion test

RETURNING Student-Athlete Medical Clearance Instructions

Welcome Back! Below are instructions regarding what you need to be medically cleared to participate for the following school year.

1) Returning Athletic Physical Form
2) Updated front and back of insurance card
3) Update all information in sports-ware
4) Complete Impact concussion testing
Tryout Medical Clearance Instructions

Below are instructions regarding what you need to complete in order to be medically cleared to participate in a DSU Athletics tryout.

5) A physical dated within 6 months that specifically states you are cleared for physical activity
   a. If the physical you have does not specifically state physical activity you may:
      i. Take our DSU physical form to your doctor and have them sign it, OR
      ii. Take our DSU physical form to Med Express or any other walk in clinic for a physical

6) A copy of the FRONT and BACK of your personal insurance card
   a. If you have DSU’s insurance (United Health Care), go to
      i. Firststudents.com and print ID Card. If no ID card comes up, choose the “Enroll Now—
         Hard Waiver” option on the left side and follow the prompts

7) Your Sickle Cell test results
   a. This may already be on file with your pediatrician. Request a copy. This may take a few business
      days depending on your physician’s policies
   b. You may also come to the Athletic Training Room and request a physician script that you can
      take to Lab Corp. It will take about 4 business days for the results to be faxed to us.
   c. Note: it does not matter if you are positive or negative for sickle cell trait to try out; it simply
      allows the medical personal to make the best decisions for your care in an emergency

8) The DSU First Year Athlete Paperwork packet
   a. This packet is attached and includes documents such as our Permission To Treat document and
      your Emergency Contact Form

9) If Accepted To the Team, you must
   a. Complete the DSU Medical Physical Form (if not already completed. If you used your own
      personal form, you must get ours completed at this time)
   b. Complete an ImPACT Concussion Baseline test
   c. Create a login for sportware and enter in all appropriate information
Mid-Eastern Athletic Conference (MEAC) Rules

Sickle Cell Test

In 2010, the NCAA required Sickle Cell Test (SCT) result OR a waiver on file for each Division I athlete. The MEAC will not accept a waiver; all athletes must have the SCT results on file in the Athletics department.

Color of Medical Devices

If an athlete is wearing a medical device and it has straps that do not match the color of the uniform, the AT must provide medical documentation (any sort of medical/doctor’s note/imaging report) demonstrating there is an injury and need for that specific device.

Spatting Waiver

Student-Athletes who need spatting that will cover the Nike symbol on their footwear must have a spatting waiver. The Athletic Trainer needs to email the MEAC at suttonw@themeac.com the week before the game to request a waiver.
Emergency Action Plans

Cold Policy and Procedure

Delaware State University follows the wind chill temperatures chart recommended by the NATA with adjustments made for geographical region.

<table>
<thead>
<tr>
<th>Wind Chill</th>
<th>Practice Guidelines</th>
</tr>
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<tbody>
<tr>
<td>32° and Above</td>
<td>No restrictions</td>
</tr>
</tbody>
</table>
| 26°-31° (mild or no precipitation) | **Time Restrictions:** None  
**Clothing Requirements:** Student-athletes should wear long pants and long-sleeved shirts for outside practices. |
| 26°-31° (significant precipitation) | **Time Restrictions:** Student-athletes must take a 15-minute break inside for rewarming every 30 minutes.  
**Clothing Requirements:** Student-athletes should wear clothing that covers all exposed skin (long pants, long-sleeved shirts, hats, and gloves). |
| 16°-25°                | **Time Restrictions:** Student-athletes must take a 15-minute break inside for rewarming every 30 minutes.  
**Clothing Requirements:** Student-athletes should wear clothing that covers all exposed skin (long pants, long-sleeved shirts, hats, and gloves). |
| 15° and Below          | **NO OUTSIDE ACTIVITY**                                                             |

Notes:
- Student-athletes should be encouraged to be prepared for any weather forecast and keep warm layers available.
- Student-athletes should be reminded of the importance of keeping properly hydrated, even when cold.
- Student-Athletes should be encouraged to keep clothing (especially footwear) dry at all times.

In accordance with the preceding wind chill chart, the following practice guidelines are in place:

**Temperatures of 31° Wind Chill or Below**- student-athletes should wear long pants and long-sleeved shirts for outside practices.

**Temperatures of 25° Wind Chill and Below**- student-athletes should wear clothing that covers all exposed skin; long pants and long-sleeved shirts, and well as hats and gloves. Outside time restraints of 30 minutes with a minimum 15-minute indoor rewarming are in place.

**Temperatures of 15° Wind Chill and Below** - all outside activities are CANCELLED.

To improve comfort and safety while exercising in the cold, the *American College of Sports Medicine* recommends the following:

- **Layer Clothing**
 Several thin layers are warmer than one heavy layer. Layers are also easier to add or remove and, thus, better regulate your core temperature. The goal is to keep the body warm, minimize sweating, and avoid shivering.

- **Cover Your Head**
  - Your head should be covered while exercising in the cold. Heat lost from the head and neck may be as much as 50% of the heat lost by the body

- **Cover Your Mouth**
  - Use a scarf or mask to warm the air as it is breathed in. This is especially important if breathing cold air caused angina (chest pain) or if the student-athlete is prone to upper respiratory issues.

- **Stay Dry**
  - Wet or damp clothing, whether from perspiration or precipitation, significantly increases the loss of body heat.

- **Keep Your Feet Dry**
  - Use a fabric that will wick perspiration away from the skin. Polypropylene, wool, or other moisture-wicking fabrics retain insulating properties to keep the body warm when wet.

- **Stay Hydrated**
  - Dehydration affects the body’s ability to regulate body heat and increases the risk of frostbite. Fluids, especially water, are as important in cold weather as they are in the heat. Avoid consuming alcohol or beverages containing caffeine as these items are dehydrating.
Cold Exposure Injury Prevention and Treatment

**Frostbite**
Frostbite is an injury caused by freezing of the skin and underlying tissues. First your skin becomes very cold and red, then numb, hard and pale. Frostbite is most common on the fingers, toes, nose, ears, cheeks and chin. Exposed skin in cold, windy weather is most vulnerable to frostbite.

**Signs & Symptoms**
- Cold skin, prickling feeling that transitions to numbness
- Red, white, bluish-white or grayish-yellow skin
- Hard or waxy-looking skin
- Blistering after rewarming, in severe cases

**Treatment**
- Move to a warm, dry location
- Remove constrictive clothing
- Raise effected areas; apply warm, moist compresses
- **Do NOT** rub frostbitten areas or apply direct heat

**Hypothermia**
A more severe response to cold exposure that is defined as a significant drop in core body temperature. Hypothermia occurs as the body temperature drops below 95°F. When the body temperature drops, the heart, nervous system and other organs do not work normally. Left untreated, hypothermia can eventually lead to complete failure of the heart and respiratory system and eventually to death.

**Signs & Symptoms**
- Shivering
- Cold sensation, goose bumps, numbness
- Lack of coordination, stumbling, sluggishness
- Violent shivering, muscle stiffness
- Difficulty speaking, slurred speech, mental confusion, depression
- Unconsciousness

**Treatment**
- Call Emergency Medical Services for immediate transport
- Move to a warm, dry location
- Remove wet clothing, cover with blankets or use your own body heat
- Use warm compress on neck, chest wall, or groin **ONLY**
- **Do NOT** apply direct heat
- Monitor vital signs until EMS arrive
Sickle Cell Policy and Procedure

Sickle cell disease is an inherited blood condition that can be found in a wide variety of ethnic backgrounds. If a person receives a sickle cell gene from both parents, they will inherit sickle cell disease. Sickle cell “trait” is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During intense for extensive exertion, the sickle hemoglobin can change the shape of red blood cells from round to quarter-moon, or “sickle” shape.

Persons with the sickle cell trait do not have sickle cell disease and typically have no effects with the exception that they can be at a higher risk for heat illness issues and even death with high exertion exercise in hot conditions. Sickle cells can “logjam” blood vessels and lead to collapse from ischemic rhabdomyolysis, the rapid breakdown of muscles starved of blood. Sickling can begin in 2-3 minutes of any all-out exertion and can reach grave levels soon thereafter if the athlete continues to struggle. Despite telltale features, collapse from exertional sickling in athletes is under-recognized and often misdiagnosed. For this reason, Delaware State University Athletic training requires student-athletes to provide documentation of sickle cell testing before being cleared to participate in intercollegiate athletics. If you have the trait, it will not affect your ability to play your sport or your standing on the team.

The NCAA requires all intercollegiate student-athletes participating at a Division I institution to undergo sickle cell testing as part of the pre-participation medical examination process unless documented results of a prior test are provided to the institution. This includes student-athletes who are beginning their initial year of eligibility and those who are transferring to DSU. **No student-athlete will be permitted to participate in any team related activity including practice, strength and conditioning, or competition prior to having their sickle cell testing results on file and receiving clearance from a DSU team physician for a positive test.**

Precautions and Treatment

No sickle-cell positive student-athlete is ever disqualified due to diagnosis. Simple precautions are proven to suffice. For the student-athlete with sickle cell trait, the following guidelines should be adhered to:

1. **Build up slowly in training with pace progressions, allowing longer periods of rest and recovery between repetitions.**
2. **Cessation of activity with onset of symptoms (muscle cramping, pain, swelling, weakness, tenderness, inability to “catch breath”, fatigue).**
3. **Student-athletes who have shown symptoms of a sickling event will be held out of strenuous activities such as mile runs, serial sprints, etc. until symptoms resolve.**
4. **Student-Athletes with sickle cell trait who perform repetitive, high-speed sprints and/or interval training that induce high levels of lactic acid should be allowed extended recovery between repetitions since this type of condition poses special risk to these student-athletes.**
5. **Ambient heat stress, dehydration, asthma, illness, and altitude predispose the student-athlete with sickle cell to an onset of crisis in physical exertion.**
   a. **Adjust work/rest cycles for environmental heat stress**
   b. **Emphasize hydration**
   c. **Control asthma**
   d. **Postpone workout if a student-athlete with sickle cell trait is ill**
   e. **Watch the student-athlete with sickle cell trait closely who is new to altitude. Modify training and have supplemental oxygen available for competitions if necessary.**
6. **Educate to create an environment that encourages student-athletes with sickle cell trait to report any symptoms immediately.** Any signs or symptoms such as fatigue, difficulty breathing, leg or low back pain, or leg or low back cramping in a student-athlete with sickle cell trait should be assumed to be sickling.
In the event of a sickling collapse, treat it as a medical emergency by performing the following steps:

1. Check vital signs
2. Administer high-flow oxygen, 15 lpm (if available), with a non-rebreather face mask
3. Cool the athlete, if necessary
4. If the athlete is obtunded or as vital signs decline, call EMS, monitor vital signs, apply AED, transport to the nearest hospital
5. Inform EMS or hospital staff of possible sickle cell crisis and alert them to possible explosive rhabdomyolysis and grave metabolic complications
6. Proactively prepare by having an Emergency Actions Plan and appropriate emergency equipment for all practices and competition*

*The preceding information is footnoted to the National Athletic Trainers’ Association Consensus Statement: Sickle Cell Trait and the Athlete.

**PURPOSE.** The Department of Athletics believes that it has a major responsibility to insure fair and equitable competition and to help protect the health and safety of student-athletes competing for Delaware State University. The use of controlled substances and “performance enhancing” drugs represents a danger to the health and careers of student-athletes. Furthermore, the use or abuse of drugs can be injurious to student-athletes and their teammates, particularly when participating in athletic competition or practice. As a result, the Athletics Department has implemented a mandatory program of drug education, testing, and treatment (to include counseling/rehabilitation) to assist and benefit student-athletes of Delaware State University. The program seeks to protect student-athletes at Delaware State University from risks and dangers of drug abuse through such measures as sanctions for violations of this policy.

The goals of this policy include enhancing the health and well-being of all student-athletes and safeguarding student-athletes participating in Delaware State University athletic programs. Because Delaware State University believes drug use can adversely affect the physical and emotional well-being of student-athletes, no matter when such use should occur, drug screening tests will be conducted throughout the year on a random, team or reasonable suspicion basis.

Nothing in these procedures shall be construed to create a contract between student-athletes and Delaware State University. However, signed consent and notification forms shall be considered affordance of the student-athlete’s agreement to the terms and conditions contained in this policy and shall be a legal contractual obligation of the student-athlete.

**EDUCATION:** As part of the comprehensive Drug Screening and Substance Abuse Program, Delaware State University will host two educational sessions for the student athletes. The first session will talk about the drug screening process (both the NCAA program and Delaware State program). The second session will discuss supplements, nutrition, street drugs, performance enhancing drugs, and alcohol and tobacco products. These sessions will be mandatory for all student-athletes who are receiving athletic aid.

**ATHLETIC DRUG ADVISORY COMMITTEE.**
The Athletic Drug Advisory Committee oversees the Drug Screening and Substance Abuse Program. The Athletic Drug Advisory Committee is comprised of the Athletic Director, Compliance Director, Head Athletic Trainer, and designated coach(s). The Athletic Training Staff, and the Onsite Coordinator work cooperatively with the Athletic Drug Advisory Committee to help supervise the Drug Screening and Substance Abuse Program.
The Athletic Training Staff collects from each student-athlete a signed copy of the consent form to participate in the Drug Screening and Substance Abuse Program. The Head Athletic Trainer contacts the contracted drug testing organization to monitor and collect urine during the testing procedure.

**PROHIBITED SUBSTANCES.**
The list of substances banned by the NCAA is available in appropriate NCAA literature and more specifically in the Athletic Training Room on campus. Lists of banned substances are included in this manual. (Appendix D). In general, these substances consist of performance enhancing drugs and/or substances deemed potentially harmful to the health and safety of the student-athlete. Any questions concerning this list need to be directed to the Head Athletic Trainer. For more information, you can refer to the following web sites:

www.Drugfreesports.com/rec  
www.NCAA.org

**USE OF TOBACCO PRODUCTS.**
The use of tobacco products is prohibited by all game personnel (coaches, players, managers, athletic trainers etc.) during practice, competition, and team travel for all varsity sports programs at Delaware State University. If any game personnel are caught with or using tobacco products during practice, competition, or team travel the following sanctions will apply.

**First Violation:**
- The individual will be removed from the remainder of the current contest if the infraction occurs during a game.
- The person using the substance will be suspended for 1 competition (in addition to any NCAA sanctions)

**Second Violation:**
- The individual will be removed from the remainder of the current contest if the infraction occurs during a game.
- The person using the substance will be suspended for two competitions (in addition to any NCAA sanctions)

**Third Violation:**
- The individual will be removed from the remainder of the current contest if the infraction occurs during a game.
- The person using the substance will be suspended for the remainder of the regularly scheduled competitions (in addition to any NCAA sanctions)

**STATEMENT ON THE USE OF ALCOHOL**

**Introduction**
A. Delaware State University is committed to creating and maintaining an environment that is free of alcohol abuse and complies with state and federal laws governing alcoholic beverages. There are serious health risks and behavioral problems associated with the misuse of alcohol. The use of alcohol or being under the influence of alcohol during an athletic event is potentially dangerous to all parties involved in the program.

B. DSU reserves the right to test for alcohol on the basis of reasonable suspicion prior to athletic participation. In the event that an athletic department staff member or student-athlete suspects an alcohol impaired student-athlete, they will report the findings immediately to the Athletic Training Staff for verification and testing.
1. Reasonable suspicion is considered:
   - Slurred speech
   - Smell of alcoholic substances
   - Motor control issues
   - Red/bloodshot/glassy eyes
   - Inappropriate or unusual behavior

C. Upon confirmation of a student-athlete under the influence of alcohol prior to participation in an athletic event, he/she will be removed from the activity. Notification of a positive finding will be submitted to the Head Coach, Athletic Director or designee, Academic Advisor, Drug and Alcohol Committee Chair.

   a. First Violation:
   b. The student-athlete will be referred to the counseling center for evaluation and treatment at the discretion of the Director of Counseling or designee.
   c. Second Violation:
      o The student-athlete will be readmitted to counseling for a time determined by the director of counseling or designee. The student-athlete will serve a suspension from game participation for the equivalent of 10% of the playing season. In the event that the offense occurs in a non-playing season, the suspension will be carried over to the next season of competition.
   d. Third Violation:
      o If a student-athlete is found to have been under the influence of alcohol at the time of athletic participation for the third time, the student-athlete will be disqualified from athletic participation and will be at risk of losing athletic financial aid.

All student-athletes are responsible for abiding by any state, local or university laws and policies related to the use of alcohol. For a detailed description and guideline of university requirements and regulations please refer to the DSU student handbook on the university web page.

Any student athlete convicted of alcohol-related charges will be subject to the university’s policies concerning alcohol violations. In addition, any convictions will be treated as a violation in the Drug Screening Program.

POLICY STATEMENT ON USE OF SUPPLEMENTS.

Delaware State University does not condone the use of dietary supplements. Dietary supplements do not undergo federal government approval and are not tested for quality like prescription and over-the-counter medications. The product claims made by many dietary supplement manufacturers have not been based on scientific research in many cases. Many dietary supplements have not been subject to research by unbiased independent researchers in order to substantiate performance claims. The potential adverse and/or harmful effects of these substances have not been completely studied, but serious adverse effects have been reported in some instances. As there are minimal federal government labeling requirements for dietary supplements, some products may contain NCAA and/or DSU banned substances, which are not listed on the label. It is important for student-athletes to remember that, they will be held responsible for each and every substance that enters their body!

MEDICAL EXCEPTIONS
The NCAA recognizes that some banned substances are used for legitimate medical purposes. Accordingly, the NCAA allows an exception to be made for those student-athletes with a documented medical history.
demonstrating the need for treatment with the banned medication. Exceptions may be granted for substances included in the following classes of banned drugs: stimulants, anabolic agents, beta blockers, diuretics, peptide hormones, anti-estrogens, and beta-2 agonists. **No medical exception review is available for substances in the class of street drugs.**

**DRUG TESTING PROCEDURE**
Student-athletes are asked to sign a “Drug Testing Consent Form” giving the Delaware State Athletic Department permission to test. If the student-athlete refuses to sign the consent form, he/she will be ineligible to participate in intercollegiate athletics at Delaware State University. The contracted organization working with the Athletic Training Staff will collect the urine samples for analysis. **Team, random, and reasonable suspicion** testing will be done periodically through the year.

**Who can be tested?**
- All student-athletes who are currently on an official team roster.
- Any student-athlete who is receiving athletic-related aid
  - This includes student-athletes who are:
    - Academically ineligible
    - Finished their eligibility but are still receiving athletic aid;
    - Student-athletes who are injured and are remaining on athletic aid

**SELECTION PROCESS:**
In accordance with the federal and state regulations, student-athletes are subject to drug testing within the parameters set forth by this policy. Appendix D lists the substances that may be tested for during drug testing and is subject to updates at any time. Screening will be done by a certified laboratory. Unless otherwise notified, testing will be done in the Delaware State University Athletic Training Room.

Individuals will be subject to undergo drug testing for:
- Reasonable suspicion/for cause
- Periodic monitoring or aftercare
- Random
- Team

**Testing Based on Random Selection**
- The screening company will randomly select a number of student-athletes comprising of approximately 10% of the student-athlete population for screening. Student-athletes will have an equal chance at being chosen, regardless of whether they have been previously tested. *In addition, entire teams or randomly selected student athletes on specific teams may be selected for screening.*
- The selection list will be delivered to the Head Athletic Trainer by the Drug Testing Coordinator, at least two days prior to testing.
- Notification to the selected student-athletes will be the responsibility of the Drug Testing Coordinator the day before testing, not to exceed twenty-four hours’ notice. The information will include the location, date and time of the test.
- If the selected student athlete fails to cooperate with the administration of the test, it will be considered a positive test.

**Testing in response to individualized reasonable suspicion**
If there is reasonable suspicion that a student-athlete is using or has used impermissible substances, the student-athlete may be subject to testing at any time. This may occur whether a team is in-season or out-of-season. Reasonable suspicion may be based on information presented to the Head Athletic Trainer or designee, including, but not limited to, the following:

- Observed possession or use of substances that reasonably appear to be those listed as a banned or impermissible substance.
- An arrest and/or conviction for a criminal offense related to the possession, use of, or trafficking substances listed as banned or impermissible.
- Observed activity or appearance which varies from the normal routine of a student-athlete. This includes but is not limited to, changes in physical appearance, conduct, behavior, or unusual/unexplained patterns of absence from class, training, or competition, which would be reasonably associated with the use of banned or impermissible substances.
- Charged with a violation of the university or department of intercollegiate athletics code of conduct or other published university policy based on the possession, use, or affiliation with alcohol and/or banned substances.

*An athletic department staff member may initiate a drug screen for reasonable suspicion/cause by completing Appendix C and turning it into the Head Athletic Trainer.

Once the Head Athletic Trainer or designee receives information concerning reasonable suspicion/cause for testing, he or she will confer with the Director of Athletics and the respective Head Coach to determine whether there is reasonable suspicion that the identified student-athlete may have engaged in the use of a banned or impermissible substance.

**Testing for an entire athletic team**

There may be times that an entire team is tested for impermissible substances. This may include but is not limited to the following reasons:

- Prior to post-season competition
- Suspected widespread use of/or association with impermissible substances by team members.

**Testing for individuals that have previously tested positive:**

- Any individual that has previously tested positive for a banned substance will be included in future tests.
- Any individual that has tested positive for a banned substance may be subject to repeat testing during counseling and treatment programs.

**NOTIFICATION PROCESS**

**Random Selection**

- The drug screening schedule will be set by the Head Athletic Trainer and approved by the Athletic Director.
- The student-athletes will be contacted by the Drug Testing Coordinator no later than 24 hours prior to the test, using the cell phone number provided on Sports-ware.
- The student-athlete will be notified of the **time and location** of their drug screening.
- The student-athlete will be asked to report to the Athletic Training Room and sign the drug test notification form (Appendix E)
- The student-athlete will be given specific instructions for the test date.
Team Testing:
- The drug screening schedule will be set by the Head Athletic Trainer, and the Drug Testing Coordinator and approved by the Athletic Director.
- The student-athletes will be contacted by the Drug Testing Coordinator no later than 24 hours prior to the test, using the cell phone number provided on Sports-ware.
- The student-athlete will be notified of the **time and location** of their drug screening.
- The student-athlete will be asked to report to the Athletic Training Room and sign the drug test notification form (Appendix E)
- The student-athlete will be given specific instructions for the test date.

Reasonable Suspicion:
- The drug screening schedule will be set by the Head Athletic Trainer and approved by the Athletic Director.
- The student-athletes will be contacted by the Drug Testing Coordinator using the cell phone number provided on Sports-ware.
- The student-athlete will be notified of the **time and location** of their drug screening.
- The student-athlete will be asked to report to the Athletic Training Room and sign the drug test notification form (Appendix E)
- The student-athlete will be given specific instructions for the test date.

Should the Drug Testing Coordinator be unable to contact the student-athlete using the phone number provided on Sports-ware, an attempt will be made to have the respective Head Coach contact the student-athlete to appear in the Athletic Training Room. **If a student-athlete is unable to be reached, it will constitute as a failed appearance and will result in a positive test.** Failure to appear on time at the testing site will be treated as a positive test. Any attempt to alter the integrity or validity of the urine specimen and/or collection process will be treated as a positive result.

Identification of those participating in the urinalysis and the results will be confidential. The testing service will notify the appropriate member of the Athletic Drug Committee of the results. That person will be the only person capable of matching test results with individual identification numbers and will in turn notify individuals (Head Coach and Athletic Director) of their results.

**COLLECTION PROCEDURES**

Student-athletes will sign in at the testing site with a valid ID. Throughout the testing procedure, a legal “chain of custody” will be maintained to assure that no tampering with the urine sample is possible.

1.1 Upon entering the station, the student-athlete will be identified (picture ID), and sign in to the collection station.
1.2 The student-athlete will select a sealed beaker from a supply of such and will record his/her initials on the beakers lid.
1.3 A crew member will require the student-athlete to wash and dry his/her hands and will monitor the furnishing of the specimen by observation in order to assure the integrity of the specimen.
1.4. The student-athlete is responsible for keeping the beaker closed and controlled.
1.5 Fluids or food given to the student-athletes who have difficulty voiding must be from sealed containers (certified by the crew chief) that are opened and consumed in the station. These items must be caffeine-free and alcohol-free and free from any other banned substances.
1.6 If the specimen is incomplete, the student-athlete must remain in the collection station until the sample is completed. During this period, the student-athlete is responsible for keeping the collection beaker closed and controlled.
1.7 If the specimen is incomplete and the student-athlete must leave the collection station for a reason approved by the crew chief, the specimen must be discarded and the process started over.
1.8 Upon return to the collection station, the student-athlete will restart the collection process.
1.9 Once a specimen is provided (at least 85ml), the crew member monitoring the furnishing of the specimen will sign that the specimen was directly validated and a crew member will check the specific gravity and the pH of the urine in the presence of the student-athlete.
1.10 If the urine has a pH greater than 7.5 or less than 4.5, the specimen will not be sent to the laboratory. The student-athlete must remain in the collection station until another specimen is provided.
1.11 If the urine has a specific gravity at or above 1.005 and the urine has a pH between 4.5 and 7.5 inclusive, the urine will be processed and sent to the lab.
1.12 Final determination of the specimen adequacy will be made by the laboratory.
1.13 If the laboratory determines that the student-athlete’s specimen is inadequate for analysis, at the institution’s discretion, another specimen may be collected.
1.14 If a student-athlete is suspected of manipulating specimens (e.g., via dilution) the institution will have the authority to perform additional tests on the student-athlete.
1.15 Once a specimen is provided that meets the on-site specific gravity and pH, the student-athlete will select a specimen collection kit and a uniquely numbered set of bar codes from a supply of such.
1.16 A crew member will record the specific gravity and the pH values.
1.17 The crew member will pour approximately 60 ml of specimen into vial “A” and the remaining amount (approximately 25ml) into vial “B” in the presence of the student-athlete.
1.18 The crew member will place the cap on each vial in the presence of the student-athlete. The crew member will then seal each vial in the required manner under the observation of the student-athlete.
1.19 Vials and forms (if any) sent to the laboratory shall not contain the name of the student-athlete.
1.20 All sealed specimens will be secured in a shipping case. The crew member will prepare the case for forwarding.
1.21 The student-athlete, crew member and the witness will sign certifying that the procedures were followed as described in the protocol. Any deviation from the procedures must be described and recorded at that time. If deviations are alleged, the student-athlete will be required to provide another specimen.
1.22 After the collection process has been completed, the specimen will be forwarded to the laboratory and all copies of the forms, if any, will be forwarded to the designated persons.
1.23 The specimen becomes property of Delaware State University.
1.24 A student-athlete who refuses to sign the notification form or signature form, fails to arrive at the collection station at the designated time without justification, fails to provide a urine sample according to the protocol, leaves the collection station before providing a specimen according to protocol, or attempts to alter the integrity or validity of the urine specimen and/or collection process will be treated as if there was a positive test for a banned substance.
RESULTS

NEGATIVE RESULTS
The Department of Athletics will assume that all student-athletes will test negative to the controlled substances listed. There will be no maximum number of times each student-athlete may be tested during his or her careers.

POSITIVE RESULTS
If a student-athlete does have a positive urine test, then he/she will be placed on an active list and will be tested for the remainder of their career at Delaware State University.

First Violation:
Every specimen that screens positive at the laboratory will be subject to a confirmation process to assure accuracy. If a positive result is verified, the Head Athletic Trainer will be notified by Drug Free Sports by telephone as soon as possible. The Drug Testing Coordinator will notify the student-athlete who tested positive. A meeting will be arranged with the Head Athletic Trainer, Head Coach, Drug Testing Coordinator, and student-athlete. If the student-athlete is a minor, this meeting will include his/her parents or legal guardian. During this meeting, arrangements will be made for the student-athlete to be referred to counseling.

The student-athlete will be required to attend mandatory counseling. Student-athlete must attend two (2) counseling sessions. In addition to mandatory counseling, the first positive drug test will include a suspension from 10% of the team’s season competition schedule including pre and post season competition, to begin immediately following the positive drug test result. If a team completes its competition schedule while a student-athlete is under the above suspension, the student-athlete’s participation suspension will carry over into the following year (next season’s competition).

The student-athlete will be subject to drug testing. Failure to comply or refusal to participate with the counseling program will result in immediate disqualification from all athletic participation until the above guidelines are met.

The student-athlete may be required to have a health assessment by the team physician to insure that the student-athlete’s health is not in jeopardy due to substance use and may continue to participate if and/or when reinstated by the Department of Athletics. The student-athlete is required to comply with the minimal guidelines set forth above. The student-athlete’s Head Coach may impose additional penalties beyond these guidelines.

Second Violation
Every specimen that screens positive at the laboratory will be subject to a confirmation process to assure accuracy. If a positive result is verified, the Head Athletic Trainer will be notified by Drug Free Sports as soon as possible. The Drug Testing Coordinator will notify the student-athlete who tested positive. A meeting will be arranged with the Head Athletic Trainer, Head Coach, Drug Testing Coordinator, and student-athlete. If the student-athlete is a minor, this meeting will include his/her parents or legal guardian. During this meeting, arrangements will be made for the student-athlete to be referred to counseling.

The student-athlete will be required to attend four (4) mandatory counseling sessions. The 2nd positive drug test will include suspension from 20% of the team’s season competition schedule including pre and post season competition, to begin immediately following the second positive drug test result. If a team completes its competition schedule while a student-athlete is under the above suspension, the student-athlete’s participation suspension will carry over into the following year (next season’s competition).
The student-athlete will be subject to drug testing. Failure to comply or refusal to participate with the counseling program will result in immediate disqualification from all athletic participation until the above guidelines are met.

The student-athlete may be required to have a health assessment by the team physician to insure that the student-athlete’s health is not in jeopardy due to substance use and may continue to participate if and/or when reinstated by the department of athletics. The student-athlete is required to comply with the minimal guidelines set forth above. The student-athlete’s Head Coach may impose additional penalties beyond these guidelines.

**Third Violation**
Every specimen that screens positive at the laboratory will be subject to a confirmation process to assure accuracy. If a positive result is verified, the Head Athletic Trainer will be notified by Drug Free Sports as soon as possible. The Drug Testing Coordinator will notify the student-athlete who tested positive. A meeting will be arranged with the Head Athletic Trainer, Head Coach, Drug Testing Coordinator, and student-athlete. If the student-athlete is a minor, this meeting will include his/her parents or legal guardian.

The student-athlete will be removed from all further athletic participation, eligibility, and all athletic provided financial aid for 365 days from the date of the positive test result. The student-athlete will also be referred for university counseling.

The student-athlete will be required to have a health assessment by the team physician to insure that the student-athlete’s health is not in jeopardy due to substance use and may continue to participate in athletics if/when reinstated by the department of athletics. The student-athlete is required to comply with the minimal guidelines set forth above. The student-athlete’s Head Coach may impose additional penalties beyond these guidelines.

**All suspensions will be explained as a “violation of team rules” unless made public by the student-athlete.**

**APPEALS**

After being notified of a positive drug test result/violation, the student-athlete may appeal the findings if they desire to. During the appeal process, all penalties and counseling requirements are suspended pending the results of the appeal. All appeals must be submitted to the Drug Testing Coordinator and/or Head Athletic Trainer within 48 hours of notification of a positive test result. An appeal request (Appendix B) must be done in writing, with the student-athlete’s reason for appeal, and must be signed by the student-athlete. Once the appeal has been received by the Drug Testing Coordinator, a formal appeal will be submitted to the drug testing company, and the student-athlete’s “B sample” will be tested. If the appeal is **negative**, then the final result will be **negative**. If the appeal is **positive**, then the result will be **positive** and the penalties will begin immediately.

**NCAA DRUG TESTING PROGRAM**

It is important to emphasize that the Delaware State University Drug Screening and Substance Abuse Program is separate and distinct from the NCAA drug testing program even though it bans the same drug classes. The previously mentioned penalties apply only to the Delaware State University Drug Screening and Substance Abuse Program.

All athletes are still subject to the NCAA drug testing program and any student-athletes who test positive during an NCAA drug test will face the penalties that are prescribed by that governing body as outlined in the appropriate NCAA literature. **It should be understood that an NCAA positive drug test counts as a**
violation in the Delaware State Drug Screening and Substance Abuse Program. For additional information and resources you can access the NCAA website at www.ncaa.org/health-safety and the dietary supplement resource exchange center (REC) website at www.drugfreesport.com/rec.

SAFE HARBOR PROGRAM

A student-athlete eligible for the Delaware State University Safe Harbor Program may refer himself/herself to the program for voluntary evaluation, testing, and counseling. A student-athlete is not eligible for the program after he or she has been informed of an impending drug test or after having received a positive Delaware State University or NCAA drug test.

Delaware State University will work with the student-athlete to prepare a Safe Harbor treatment plan, which may include confidential drug testing. The student-athlete will be tested for banned substances upon entry into the Safe Harbor Program and such a positive initial test will not result in any administrative sanction except those listed in this section (the team physician may suspend the student-athlete from play or practice if medically indicated).

A student-athlete will be permitted to remain in the Safe Harbor Program for a reasonable period of time, not to exceed thirty (30) days, as determined by the treatment plan. A student-athlete will not be permitted to enter the Safe Harbor Program thirty (30) days prior to NCAA or conference post-season competition. A student-athlete will only be permitted to enter the Safe Harbor Program one time during their athletic eligibility at Delaware State University. If a student athlete is determined to have new substance use after the initial Safe Harbor Program test (as determined by follow-up testing), or fails to comply with the Safe Harbor Program treatment plan, the student-athlete will be removed from the Safe Harbor Program and be subject to appropriate sanctions as detailed in the Delaware State University Screening and Substance Abuse Program. Entering the Safe Harbor Program will not be treated as a positive test as it relates to sanctions. However, any positive test after the initial Safe Harbor Program test will be treated as the next subsequent positive.

While in compliance with the Safe Harbor Program treatment plan, the student-athlete will not be included in the list of student-athletes eligible for random drug testing by Delaware State University. However, student-athletes in the Safe Harbor Program may be selected for drug testing by the NCAA.

The Athletic Director, the Senior Associate Athletic Director/Senior Women’s Administrator, the Head Athletic Trainer, the student-athlete’s Head Coach, and the team physician may be informed of the student-athlete’s participation in the Safe Harbor Program. The athletic trainer assigned to that sport also may be notified, if medically appropriate. The assistant coach (es) also may be informed at the discretion of the head coach. Other university employees may be informed only by the extent necessary for the implementation of this policy.

The Delaware State University Athletic Department may amend this policy from time to time as needed.
APPENDIX A

Drug Attestation

I, ____________________________ have tested positive for: ________________________

Student-Athlete’s printed name

Banned substance

On this date _____/_____/_____

I understand that by admitting to the violation mentioned above, I agree to adhere to the consequences outlined in the Delaware State University Drug Testing policies and procedures manual. I understand that I will be required to call and set up an appointment with DSU counseling services at (302) 857-7381. I understand that it is mandatory that I must set up and attend a minimum of two (2) meetings (cannot be on the same day) and that my meetings must be completed within 2 weeks of this notification. After completion, a signed form from the counselor proving my attendance must be submitted to either Head Athletic Trainer or Drug Testing Site Coordinator. Failure to comply or refusal to participate with the counseling program will result in immediate disqualification from all athletic participation until the above guidelines are met. I also understand that I have the right to appeal these results. During the appeal process, the penalty and counseling requirement are suspended pending the results of the appeal. If the appeal is negative, then the final result will be negative. If the appeal is positive, then the result will be positive and the penalty will begin immediately. A positive result may not be appealed more than once.

As outlined in the Delaware State University Athletics Drug Screening and Substance Abuse Program, the following consequences will result from a positive drug test:

1st violation:
Will result in two (2) mandatory counseling sessions and suspension from 10% of the team’s competition season. Suspension from competition includes pre and post season, and if a minor, parents or legal guardian will be notified.

2nd violation:
Will include four (4) mandatory counseling sessions at DSU and suspension from 20% of the team’s season completion schedule. Suspension from competition includes pre and post season, and if a minor, parents or legal guardian will be notified.

3rd violation:
Will include mandatory counseling and suspension from athletics at Delaware State University for 1 year (365 days from date of positive findings notification). Suspension from competition including pre and post season is to begin immediately.
APPENDIX B

NOTIFICATION OF APPEALS FORM

This completed form is to be submitted to the drug testing appeals committee – chair or designee within 48 hours of being notified of a positive drug test. For notification of a pending meeting with the student-athlete and those deemed necessary for clarification.

Student-athlete name: _____________________________________________________

Phone number: (________) ________ --___________

Date of drug test: ______ / ______ / ______

Date of notification of results: ______ / ______ / ______

Date of notification of appeal: ______ / ______ / ______

Reason for appeal: ________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_____________________________   ______________________
Student-Athlete Signature                      Date

_____________________________   ______________________
Drug Testing Site Coordinator                      Date
DRUG TESTING REASONABLE SUSPICION NOTIFICATION FORM

I, ___________________________________ under the reasonable suspicion clause that is

(Delaware State University Athletic Staff Member)

Outlined in the Delaware State University Drug Screening and Substance Abuse Program; report the following objective sign(s), symptom(s), or behavior(s) that I reasonably believe warrant: ______________________ be referred

(Student-Athlete Name)

to the Athletic Department drug and alcohol committee chair or his/her designate for possible drug testing. The following sign(s), symptom(s), or behavior(s) were observed by me over the past ____ hours and/or _____days.

The student-athlete has shown:

- Irritability
- Loss of temper
- Failure to follow directions
- Emotional outburst (e.g. crying)
- Verbal outburst (e.g. to faculty, staff, teammates)
- Weight gain
- Physical outburst (e.g. throwing equipment)
- Weight loss
- Sloppy hygiene and/or appearance
- Poor motivation

The student-athlete has been:

- Late for practice
- Late for class
- Not attending class
- Receiving poor grades
- Staying up too late
- Missing appointments
- Missing/skipping meals

The student-athlete has demonstrated the following:

- Dilated pupils
- Constricted pupils
- Red eyes
- Smell of alcohol on breath
- Smell of marijuana
- Excessive talking
- Staggering or difficulty walking
- Over-stimulated or “hyper”
- Slurred speech
- Constantly running and/or red nose
- Periods of memory loss
- Recurrent bouts with a cold/flu (give dates)
- Withdrawn and/or less communicative
- Recurrent violations of Delaware State University student code of conduct

Other specific objective findings include:

__________________________________________________________________________

__________________________________________________________________________

__________________________________ /______ /______

Athletic Staff Member

______________________________ /______ /______

Head Athletic Trainer

____ /____ /____
# BANNED SUBSTANCE LIST

The following is a list of banned substance classes with example published by the NCAA, which constitute the drugs that may be tested for on a NCAA drug screen as well as a Delaware State University drug screen. This list is not all-inclusive and is intended to give a reasonable idea of substances and classes of drugs that are banned. If there are any questions as to whether or not one of these substances is contained within a nutritional product, the student-athlete should consult with the Head Athletic Trainer.

## Stimulants:

<table>
<thead>
<tr>
<th>Substance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amiphenazole</td>
</tr>
<tr>
<td>Amphetamine</td>
</tr>
<tr>
<td>Bemigride</td>
</tr>
<tr>
<td>Benzphetamin</td>
</tr>
<tr>
<td>Bromantan</td>
</tr>
<tr>
<td>Caffeine*</td>
</tr>
<tr>
<td>Chlorphentermine</td>
</tr>
<tr>
<td>Cocaine</td>
</tr>
<tr>
<td>Cropropamide</td>
</tr>
<tr>
<td>Crothetamide</td>
</tr>
<tr>
<td>Diethylpropion</td>
</tr>
<tr>
<td>Dimethylamphetamine</td>
</tr>
<tr>
<td>Doxapram</td>
</tr>
<tr>
<td>Ephedrine</td>
</tr>
<tr>
<td>Ethamivan</td>
</tr>
<tr>
<td>Ethylamphetatmine</td>
</tr>
<tr>
<td>Fencamfamine</td>
</tr>
<tr>
<td>Meclomenoxate</td>
</tr>
<tr>
<td>Methamphetamine</td>
</tr>
<tr>
<td>Methamphetamine</td>
</tr>
<tr>
<td>Methandienone</td>
</tr>
<tr>
<td>Methenolone</td>
</tr>
<tr>
<td>Methylphenidate</td>
</tr>
<tr>
<td>Nikethamide</td>
</tr>
<tr>
<td>Nifedipine</td>
</tr>
<tr>
<td>Picrotoxine</td>
</tr>
<tr>
<td>Pipradol</td>
</tr>
<tr>
<td>Prolintane</td>
</tr>
<tr>
<td>Strychnine</td>
</tr>
</tbody>
</table>

*For caffeine – if the concentration in the urine exceeds 15 micrograms/ml.

## Anabolic Agents:

<table>
<thead>
<tr>
<th>Substance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Androstenediol</td>
</tr>
<tr>
<td>Androstenedione</td>
</tr>
<tr>
<td>Boldenone</td>
</tr>
<tr>
<td>Clostebol</td>
</tr>
<tr>
<td>Dehydrochlormethyl-testosterone</td>
</tr>
<tr>
<td>Dihydrotestosterone</td>
</tr>
<tr>
<td>Dromostanolone</td>
</tr>
<tr>
<td>Fluoxymesterone</td>
</tr>
<tr>
<td>Mesterolone</td>
</tr>
<tr>
<td>Methandienone</td>
</tr>
<tr>
<td>Methenolone</td>
</tr>
<tr>
<td>Methyltestosterone</td>
</tr>
<tr>
<td>Nandrolone</td>
</tr>
<tr>
<td>Oxymetholone</td>
</tr>
<tr>
<td>Clenbuterol</td>
</tr>
</tbody>
</table>

Stanozolol testosterone (and related compounds)

## Diuretics:

<table>
<thead>
<tr>
<th>Substance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetazolamide</td>
</tr>
<tr>
<td>Bendroflumethiazide</td>
</tr>
<tr>
<td>Benzthiazide</td>
</tr>
<tr>
<td>Bumetanide</td>
</tr>
<tr>
<td>Ethacrynic Acid</td>
</tr>
<tr>
<td>Flumethiazide</td>
</tr>
<tr>
<td>Furosemide</td>
</tr>
<tr>
<td>Hydrochlorthiazide</td>
</tr>
<tr>
<td>Hydroflumethiazide</td>
</tr>
<tr>
<td>Methyclothiazide</td>
</tr>
<tr>
<td>Metolazone</td>
</tr>
<tr>
<td>Polythiazide</td>
</tr>
<tr>
<td>Spironolactone</td>
</tr>
<tr>
<td>Triamterene</td>
</tr>
<tr>
<td>Trichlorothiazide</td>
</tr>
</tbody>
</table>

## Street Drugs:

<table>
<thead>
<tr>
<th>Substance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
</tr>
<tr>
<td>Tetrahydrocannabinol (THC)</td>
</tr>
<tr>
<td>Marijuana</td>
</tr>
</tbody>
</table>

## Peptide Hormone and Analogues:

<table>
<thead>
<tr>
<th>Substance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chorionic Gonadotrophin</td>
</tr>
<tr>
<td>Corticotrophin</td>
</tr>
<tr>
<td>Erythropoietin (EP)</td>
</tr>
<tr>
<td>Human Chorionic Gonadotrophin (HCG)</td>
</tr>
<tr>
<td>Sermorelin</td>
</tr>
<tr>
<td>Somatomotrophin</td>
</tr>
</tbody>
</table>
APPENDIX E

STUDENT-ATHLETE NOTIFICATION

Student-Athlete: _______________________  Student’s D #: _________________________

Institution: Delaware State University  Sport: ________________________________

Notification date: ________________  Time of notification _____________ AM / PM

Student athlete notified:  □ In-person  □ Direct phone contact

Institutional Representative:
I certify the above student athlete has been notified of his/her selection for Delaware State University drug testing and informed that failure to sign the notification form or failure to appear for drug testing will be treated as if there was a positive for a banned substance as defined by the Delaware State University drug screening and substance abuse policy.

Institutional Representative signature:

________________________________________________
APPENDIX F

Delaware State University
Declaration of Safe Harbor Form

I hereby declare “safe harbor” from the Delaware State University Drug Screening and Substance Abuse Program. I understand that this is the one and only time I am permitted to declare safe harbor, and I will:

- Be tested for drugs and/or alcohol upon entering the program
- Be evaluated by the DSU counselors and/or the team physician regardless of the test results
- Follow and complete the prescribed counseling/treatment plan
- Be drug/alcohol tested at a frequency prescribed by the counselor or team physician
- Remain in the Safe Harbor Program until released by the counselor and/or team physician for a period of time not to exceed 30 days.
- Not be eligible for Delaware State University drug testing while in the Safe Harbor Program, but will remain eligible for drug testing by the NCAA.
- Follow other steps described in this program under the safe harbor section

I understand that I will be removed from the Safe Harbor Program and this will count as a violation if:

- I do not comply with my counseling sessions
- My drug screens show increased levels of drugs in my system

Student-Athlete Name (Print): ____________________________________________________

__________________________________________                    ______ /______ /______

Student-Athlete Signature                                                 Date

For Head Athletic Trainer and/or Team Physician

Eligible for Safe Harbor Program:     ______ YES       ______ NO
Reviewed Safe Harbor Program:        ______ YES       ______ NO

Signature: ________________________________          Date: ____/_____/__________

Title: ________________________________

61
Lighting Policy and Procedure

This policy guides all outdoor Delaware State University varsity intercollegiate athletic activities. The keys to lightning safety are education and prevention. Education begins with learning appropriate lightning safety tips. Prevention of lightning injuries or casualties should begin long before any athletic event. This procedure will outline lightning safety terminology, and decision-making guidelines.

Chain of Command

The responsibility of suspending an athletic activity in the event of lightning and severe weather lies with the DSU Certified Athletic Trainer for practices and the DSU game administrator for games.

- The athletic trainer will communicate with the DSU game administrator, the head coach or his/her designee, and game officials/umpires the potential for a lightning strike or severe weather and will recommend that all activities stop immediately.
- If the head coach is not present, an assistant coach will assume responsibility.
- If a coach and/or game officials/umpires make the decision to continue with practice or a game or other activity despite the verbal instructions from a DSU athletic trainer or game administrator, they will be doing so against the recommendations of the DSU Athletic Department.

Monitoring Weather Conditions

All weather-related decisions will be determined by the Certified Athletic Trainer based on reports from the WeatherSentry® app by DTN. If no athletic trainer is present or the WeatherSentry® app is unavailable or faulty, the traditional “Flash-to-Bang” method shall be used as a back-up indicator.

Flash-to-Bang

To use the Flash-to-Bang method, count the seconds from the time lightning is seen to when the clap of thunder is heard. Divide this number by five (5) to obtain how far away (in miles) the lightning has occurred.

Example: 30 seconds/5 = 6 miles away

** It is important to note that blue skies and lack of rain are not guaranteed protection from lightning. Lightning can strike from a distance as far as 10 miles. **

Activity Stoppage

Practice: the decision regarding stoppage of a DSU practice is the responsibility of the Certified Athletic Trainer.

Intercollegiate Event: The decision regarding the stoppage of an official game or contest is the responsibility of the Certified Athletic Trainer after consulting the game administrator. The game administrator will then inform the officials/umpires of the decision to postpone the contest until the conditions are safe.

All DSU intercollegiate activities will be suspended when lightning strikes within 10 miles.

Coaches, officials, and, administrators will adhere to this policy to ensure the safety of all student-athletes, coaches, staff and spectators.
Shelter

In the event of lightning at an official game or contest, the announcer will communicate to all spectators to depart the area and seek shelter in a safe area until such time that it is safe to return, or the competition is cancelled or postponed.

Safe areas include:
- Enclosed buildings
- Fully enclosed metal vehicles with a hard metal roof and windows up
- Low ground areas as a last resort (ditches, bottom of a hill)
  - Assume a crouched position – minimize your body area, **DO NOT** lie flat

Safe areas for Delaware State University athletic teams, staff, personnel, administrators, officials, and spectators to use in the event of lightning include:
- Memorial Hall
- Wellness Center
- Alumni Stadium locker rooms
- The MLK Student Center
- Personal vehicles – metal top with windows up

Unsafe areas include:
- Open fields
- Golf carts/gators
- Metal bleachers (on or under), pools of standing water
- Fences, umbrellas, flag/light poles, tall trees

Care of a Lightning Strike Victim

In the event that a DSU and/or visiting team athlete, coach, administrator, official/umpire, or spectator is struck by lightning, the following procedures will be performed:
- Because lightning strike victims do not remain connected to a power sources, they do not carry and electric charge. Therefore, it is safe to touch the victim to move him/her to a safe location and to render medical treatment.
- During an ongoing thunderstorm, lightning activity in the local area poses a deadly hazard for personnel responding to the victim. Personnel should consider his/her own personal safety before venturing into a dangerous situation to render care.
- The first priority is to move the lightning strike victim to a safe location and activate Emergency Medical Services.
- Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes. Therefore, it is critical that CPR and AED use is initiated as soon as safely possible.
- Lightning strike victims should be evaluated and treated for shock, fractures, and burns as well.
Criteria for Safe Return to the Practice/Game Area

Personnel should not return to the practice/game area until **thirty (30) minutes** have passed since lighting has struck at **10 miles or closer**.

Each time lightning strikes closer than 10 miles or the Flash-to-Bang count is less than 50, the “30-minute clock” is to be reset.


---

Head Athletic Trainer or Representative  
________________________  
Date

Athletic Training AD Supervisor  
________________________  
Date

Athletic Director  
________________________  
Date

Team Physician  
________________________  
Date
Heat & Humidity Policy and Procedure

The following policy on exertional heat illness and fluid replacement has been developed in accordance with the NATA Fluid Replacement Position Statement, the NATA Exertional Heat Illness Position Statement, and the Delaware State University Athletic Training Mission Statement to provide quality healthcare services and assure the well-being of each student-athlete at Delaware State University.

**Heat Cramps**

Occurs during or after intense exercise as an acute, painful, and involuntary muscle contraction. May be the result of dehydration, electrolyte imbalance, neuromuscular fatigue, or a combination of factors.

**Treatment**
- Stop activity
- Move to a cooler location
- Increase fluid intake

**Heat Exhaustion**

A moderate to severe heat illness that occurs when a student-athlete continues to be physically active even after he or she starts suffering from ill effects of the heat; i.e. dehydration.

**Signs & Symptoms**
- Dizziness or fainting, loss of coordination, disorientation
- Headache, nausea, vomiting
- Persistent muscle cramping
- Dehydration
- Profuse sweating or pale skin; body temperature 97-103°F

**Treatment**
- Move in shade or air conditioning
- Remove any extra clothing and equipment
- Cool with cold water, fans, ice bags, and cold towels (replace frequently)
- Lie comfortably with legs raised above heart
- Continue to drink fluids
- Contact Emergency Medical Services

**Exertional Heat Stroke**

A severe illness that occurs when the body creates more heat than it can release due to the strain of exercising in the heat and humidity. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

**Signs & Symptoms**
- Increase in core temperature, usually above 103.5°F (rectal temperature)
- Central nervous system dysfunction; such as altered consciousness, seizures, confusion, emotional instability, irrational behavior, or decreased mental acuity
- Headache, nausea, vomiting
• Dizziness or weakness, disorientation
• Hot and wet or dry skin
• Increased heart rate, decreased blood pressure, fast breathing
• Dehydration and combativeness

**Treatment**

• Call Emergency Medical Services for immediate transport to the nearest emergency medical facility
• Begin cooling the student-athlete while waiting for and during the transportation to the emergency medical facility
• Remove extra clothing and equipment; begin aggressive, whole body cooling with cold water immersion or cold towels and ice bags (replace frequently)
• Monitor vital signs

**Dehydration**

Student-athletes get dehydrated if they do not replace body fluids lost by sweating during activity. Being even slightly dehydrated can make an athlete feel bad and play less effectively. Dehydration also puts student-athletes at risk for more dangerous heat illness.

**Signs & Symptoms**

• Dry mouth, thirst
• Headache, dizziness, irritability
• Cramping, excessive fatigue, performance decrease

**Treatment**

• Move into shade or air conditioning
• Drink Fluids

**How Much Should I Be Drinking?**

½ your body weight in ounces +
16-32 ounces per hour of practice and training +
20 ounces per lb. lost during practice and training

**Example:** If you weigh 200lbs, practice for 2 hours, and lose 1-2lbs

100 + 32-64 + 20-40 = 152-204 ounces
Delaware State University follows the Wet Bulb Global Temperature (WBGT) readings recommended by the NATA.

<table>
<thead>
<tr>
<th>WBGT Reading</th>
<th>Practice Activity and Break Guidelines For assessing the Potential of Heat Stress</th>
<th>Heat Index*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 82.0</td>
<td><strong>Normal Activities.</strong> Student-athletes should receive a 3-minute rest and fluid break after every 30 minutes of activity</td>
<td>Below 85°</td>
</tr>
<tr>
<td>82.0 - 86.9</td>
<td><strong>Normal Activities.</strong> Use discretion for intense or prolonged exercise; watch at-risk student-athletes carefully. Student-athletes should receive a 5-minute rest and fluid break after every 30 minutes of activity.</td>
<td>85° - 90°</td>
</tr>
<tr>
<td>87.0 - 89.9</td>
<td><strong>Modified Activities.</strong> No more than 2 continuous hours of activity outside at a time. Student-athletes should receive a 5-10-minute rest and fluid break after every 20 minutes of activity. Student-athletes should be in shorts and t-shirts with helmets and shoulder pads only. All equipment should be removed for conditioning activities.</td>
<td>91° - 105°</td>
</tr>
<tr>
<td>90.0 - 92.0</td>
<td><strong>Modified Activities.</strong> No more than 1 continuous hour of activity outside at a time. Student-athletes should receive a 10-minute rest and fluid break after every 20 minutes of activity. Student-athletes should be in shorts and t-shirts with all protective equipment removed for activity. Use extreme caution during conditioning activities.</td>
<td>106°-130°</td>
</tr>
<tr>
<td>92.1 or Above</td>
<td><strong>NO OUTSIDE ACTIVITY</strong></td>
<td>Above 130°</td>
</tr>
</tbody>
</table>

*Heat Index should be used only if WBGT guidelines are not available.

**Guidelines for Rest Breaks**

1. Breaks should involve both unlimited hydration intake and rest without any activity involved.
2. For equipment intensive sports, student-athletes should be allowed to remove helmets during breaks.
3. Breaks should occur in the shade if possible.

**Notes:**

- WBGT readings and guidelines may differ depending on practice location (grass vs. turf).
- Additional breaks should be allowed if requested by participants.
- In non-equipment intensive sports, closely monitor student-athletes with protective equipment and allow extra breaks as needed (goalies, catchers, etc.)
- Student-Athletes complaining of dehydration or heat illness signs/symptoms should be moved to shaded area and excess clothing removed. Athletic Trainer should be notified immediately.

This heat chart provides general guidelines for assessing the potential severity of heat stress. Individual reactions to heat will vary. It should be remembered that heat illness can occur at lower temperature than indicated on the chart.
*Combined index of heat and humidity; what it “feels like” to the body
*Note: All heat and humidity information shall be obtained from the National Oceanic and Atmospheric Administration website.

<table>
<thead>
<tr>
<th>APPARENT TEMPERATURE</th>
<th>HEAT STRESS RISK WITH PHYSICAL ACTIVITY AND/OR PROLONGED EXPOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>90° - 105°</td>
<td>Heat cramp or heat exhaustion possible</td>
</tr>
<tr>
<td>105° - 130°</td>
<td>Heat cramps or heat exhaustion likely; heat stroke possible</td>
</tr>
<tr>
<td>130° and Above</td>
<td>Heat stroke highly likely</td>
</tr>
</tbody>
</table>

**HEAT INDEX**

**ENVIRONMENTAL TEMPERATURE (°F)**

<table>
<thead>
<tr>
<th>Relative Humidity</th>
<th>Apparent Temperature*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>64°  69°  73°  78°  83°  87°  91°  95°  99°  103°  107°</td>
</tr>
<tr>
<td>10%</td>
<td>65°  70°  75°  80°  85°  90°  95°  100° 105° 110° 115° 120°</td>
</tr>
<tr>
<td>20%</td>
<td>66°  72°  77°  82°  87°  93°  99°  105° 112° 120° 130°</td>
</tr>
<tr>
<td>30%</td>
<td>67°  73°  78°  84°  90°  96° 104° 113° 123° 135° 148°</td>
</tr>
<tr>
<td>40%</td>
<td>68°  74°  79°  86°  93° 101° 110° 123° 137° 151°</td>
</tr>
<tr>
<td>50%</td>
<td>69°  75°  81°  88°  96° 107° 120° 135° 150°</td>
</tr>
<tr>
<td>60%</td>
<td>70°  76°  82°  90° 100° 114° 132° 149°</td>
</tr>
<tr>
<td>70%</td>
<td>70°  77°  85°  93° 106° 124° 144°</td>
</tr>
<tr>
<td>80%</td>
<td>71°  78°  86°  97° 113° 136°</td>
</tr>
<tr>
<td>90%</td>
<td>71°  79°  88° 102° 122°</td>
</tr>
<tr>
<td>100%</td>
<td>72°  80°  91° 108°</td>
</tr>
</tbody>
</table>

**Activity Guidelines for Practice**

Fluid breaks should be scheduled for all practices and become more frequent as heat and humidity levels increase. The following guidelines refer to the preceding Heat Index Chart.

**Section 1 (White)** - student-athletes should receive a 5-10-minute rest and fluid break after every 30 minutes.

**Section 2 (Yellow) (90°-105°F)** Heat cramps and heat exhaustion possible - student-athletes should receive a 5-10-minute rest and fluid replacement break after every 20-25-minutes of activity. Student-athletes should be in shorts and t-shirts with helmets and shoulder pads only; no full pads for activity.
**Section 3 (Orange) (105°-130°F)** Heat cramps and heat exhaustion likely; heat stroke possible - student-athletes should receive a 10-minute rest and fluid replacement break after every 15-20-minutes of activity. Student-athletes should be in shorts and t-shirts with all protective equipment removed for activity.

**Section 4 (Red) (130°F and Above)** Heat stroke highly likely - all outside practices and activities are to be postponed. Practices may be held in an air-conditioned space.

**References:**

__________________________________  __________________
Head Athletic Trainer or Representative  Date

__________________________________  __________________
NCAA Health Care Administrator  Date

__________________________________  __________________
Athletic Director  Date
Autonomous Medical Authority Policy

In pursuit of the health and safety of Delaware State University’s student-athletes, Delaware State University athletic trainers and medical personnel, shall have medical autonomy. These health care providers have the final decision-making authority regarding student athletes’ medical management and return to play following injury or illness. If a team physician or athletic trainer determines a student-athlete should be held out of practice or competition for medical reasons, a coach or other athletics staff cannot override the decision.


______________________________________
Head Athletic Trainer or Representative

Date

______________________________________
Director of Athletics

Date

______________________________________
NCAA Health Care Administrator

Date

______________________________________
Team Physician

Date
Purpose:
• Concussions and other brain injuries can be serious and potentially life threatening injuries in sports.
• Research indicates that these injuries can also have serious consequences later in life if not managed properly.
• To prevent short-term and long-term complications of this injury the following concussion management protocol will be used for Delaware State University student-athletes suspected of sustaining a concussion.
• Identifying an athlete with a concussion can be difficult, therefore, all suspected head injuries should be taken seriously.
  o Coaches and teammates can be helpful in identifying those who may potentially have a concussion, in those athletes who may be unaware of their condition or may be trying to hide their injury.

Definition:

Concussion:
• A brain injury, defined as a complex physiological process affecting the brain (change in brain function) induced by biomechanical forces (direct or indirect forces to the head).
• Often referred to as a mild traumatic brain injury (MTBI).
• May be accompanied by loss of consciousness (less than 5% of sport related concussions)
• Identified in conscious individuals with measures of neurological and cognitive function (ex. memory, vision, balance).

Concussion Assessment Tools:
• Measures used to conduct baseline assessment and for evaluation of a student-athlete for signs and symptoms of concussion and/or MTBI including but not limited to:
  o Clinical evaluation by member of the athletic medicine team
  o Concussion Symptoms Checklist
  o Cranial Nerve Evaluation
  o Glasgow Coma Scale
  o Immediate Post-Concussion Assessment and Cognitive Test (ImPACT) – ImPACT Applications, Inc.
  o BESS Testing
  o SCAT 5
**PRESEASON EDUCATION**

- All DSU student-athletes must read the NCAA Concussion Fact Sheet and sign the attached *student-athlete statement* annually acknowledging that:
  
  a. They have read and understand the *NCAA Concussion Fact Sheet*.
  
  b. They accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.

- All DSU coaches (head coaches, assistant coaches, and strength and conditioning coaches) must read and sign the attached *Coaches Concussion Statement* annually acknowledging that:
  
  a. They have read and understand the *NCAA Concussion Fact Sheet*.
  
  b. They will encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions; and that they accept the responsibility for referring any athlete to the medical staff suspected of sustaining a concussion.
  
  c. They have read and understand the *DSU Concussion Management Protocol*.

- All administrators (AD, academic advisors) must read and sign the attached *Administrator Concussion Statement* annually acknowledging that:
  
  a. They have read and understand the *NCAA Concussion Fact Sheet*.
  
  b. They will encourage athletes to report and suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions; and that they accept the responsibility for referring any athlete to the medical staff suspected of sustaining a concussion.
  
  c. They have read and understand the *DSU Concussion Management Protocol*.

- All DSU team physicians (primary care), nurses, athletic trainers, graduate assistant athletic trainers, and undergraduate athletic trainers, must read and sign the attached *Medical Provider Concussion Statement* acknowledging that:
  
  a. They will provide athletes with the *NCAA Concussion Fact Sheet* and encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.
  
  b. They have read, understand, and will follow the *DSU Concussion Management Protocol*.

- The Head Athletic Trainer or his/her designee will coordinate the uploading into ARMS, distribution, educational session, signing, and collection of the necessary documents. The assistant athletic trainer will then provide the signed concussion forms to each team’s respective athletic trainer. It is the responsibility of each athletic trainer to file the concussion document in each student-athletes chart.
PRE-PARTICIPATION ASSESSMENT

- The Head Athletic Trainer and or his or her designee will coordinate an annual meeting with each team – prior to the beginning of the season – to review and update the Concussion Policy with the medical staff. Any changes to the policy will be effective August 1 of that year.

- Each DSU athlete will have a cognitive assessment though baseline ImPACT testing done once they enter DSU. Every DSU student athlete will be required to complete a new Baseline test at the beginning of each year.

- History of brain injury and concussion will be recorded on PPE physical packets and on ImPACT

- A BESS test will be performed for all new student-athletes (Appendix A).

- The team physician will always determine pre-participation clearance.

Concussion management begins with *pre-season baseline testing*. All new student-athletes (first year or transfer) will take the ImPACT and BESS tests.

- The respective team’s athletic trainers will be responsible for ensuring that all members have been baseline tested, prior to the first contact practice or contest.
RECOGNITION AND DIAGNOSIS OF CONCUSSIONS:

- Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be “present” at all NCAA varsity competition in the following contact/collision sports.
  a. Football
  b. Basketball
  c. Equestrian
  d. Soccer
  e. Lacrosse
  f. Pole Vault

- Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be “Available” at all NCAA varsity competition in the following contact/collision sports (basketball, equestrian, football, lacrosse, pole vault, soccer). Please note to be available means that at minimum medical personnel can be contacted at any time during the practice via telephone, email or other immediate communication means. Further, the case can be discussed through such communication and immediate arrangement can be made for the athlete to be evaluated.

- The team’s athletic trainer using the SCAT 5 or a post-concussion ImPACT and BESS test will evaluate a student-athlete suspected of sustaining a concussion. All student-athletes who are suspected of having a concussion will be withheld from class that same day.
  a. If an athlete is suspected of having a concussion and there is no ATC present at the time of injury the athlete is to be held from practice or competition until evaluated by an ATC.
  b. Should the team physician not be present at the time of injury, the athletic trainer will notify the team physician as soon as possible to develop an evaluation and treatment plan.

Ideally, an assessment of symptoms will be performed at the time of the injury and then serially thereafter (i.e. 2-3 hours post-injury, 24 hours, 48 hours, etc.) using the Concussion Symptom Checklist (Appendix B).

- Any student-athlete diagnosed with a concussion shall not return to activity for the remainder of that day and shall remain out of activity until cleared by a team physician. The team physician in combination with the athletic trainers will determine medical clearance.

- In the rare event that a student-athlete does not have baseline scores, age-matched normative percentile scores will be used for comparison to post-injury scores.
CONCUSSION ASSESSMENT

Post-Concussion Management

NO STUDENT-ATHLETE SUSPECTED OF HAVING A CONCUSSION IS PERMITTED TO RETURN TO PLAY THE SAME DAY. THE TEAM PHYSICIAN OR HIS/HER DESIGNEE PRIOR TO RETURN TO PLAY MUST CLEAR ALL ATHLETES.

1) At time of injury: clinical evaluation including symptom assessment, physical and neurological exam, and balance evaluation. SCAT 5 will be used for sideline assessment.

- The athletic trainer and/or team physician will also evaluate for possible cervical spine, intracranial head, and skull fracture injuries that the injured student-athlete may have sustained.
- The emergency action plan will be enacted and student-athlete will be transported for further medical care if any of the following exist:
  1. A Glasgow coma scale <13
  2. Prolonged loss of consciousness
  3. Focal neurological deficit
  4. Repetitive emesis
  5. Persistently diminished/worsening of mental status or other neurological signs/symptoms
  6. Spine injury (Appendix D)

2) 1-3 hours post-injury: repeat evaluation; referral to team physician

3) Student-athlete and another responsible adult (parent or roommate) will be provided with written Home Care Instructions (Appendix C) and ATC will document instructions given.

4) When available, ImPACT and BESS testing will be performed within 48 hours of concussion, preferably prior to being seen by the team physician.

5) All student-athletes with concussion are to be seen by a team physician as soon as possible.

- If unable to physically see the team physician, the ATC will discuss plan of care with physician.

6) Once athlete becomes asymptomatic: Determine athlete’s status relative to baseline on the following measures.
   a. Symptom Assessment (Concussion Symptom Checklist)
   b. ImPACT post injury score
   c. BESS post injury score
Evaluation by Physician in Student-Athlete with Prolonged Recovery

The student-athlete suffering from a prolonged recovery shall be evaluated by the physician in order to consider additional diagnosis and determine post-concussion management options that may benefit the student-athlete.

- Additional diagnosis that should be considered may include:
  - Post-concussion syndrome
  - Sleep dysfunction
  - Migraine or other headache disorders
  - Mood disorders such as anxiety or depression
  - Ocular or vestibular dysfunction

- Referral of the student-athlete to specialty physicians (ie. neurologists, etc.) should be considered.
RETURN-TO-PLAY

1. The team physician will take into consideration the student-athlete’s symptoms, the clinical exam, and performance on all testing to determine when the athletic trainer may be instructed to begin advancing the athlete through the 6-step graduated return to play (RTP) protocol (Appendix E).

2. All athletes must complete the RTP protocol under the guidance of their respective athletic trainer prior to returning to practices/games.

Concussion Education

A concussion is a brain injury that may be caused by a blow to the head or body transmitting force to the head from contact with another player, surface, or equipment. A concussion does not require a loss of consciousness and can cause a wide variety of physical, cognitive, and emotional symptoms. Although many of the signs and symptoms are apparent at the time of the injury, other symptoms may not appear until hours or days later. You may experience one or more of the following signs and/or symptoms:

- Amnesia
- Confusion
- Headache
- Loss of consciousness
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Nausea
- Feeling sluggish, foggy, or groggy
- Feeling unusually irritable
- Concentration or memory problems
- Slowed reaction time

After sustaining a concussion physical and cognitive rest is needed. It is recommended that you:

- Avoid drinking alcoholic beverages.
- Avoid taking Aspirin, Ibuprofen/Advil, Excedrin, or other anti-inflammatory medications (NSAID’s).
- Avoid any physical exercise.
- Avoid cognitive activities that worsen symptoms (texting, video games, reading, etc.).

**If symptoms become worse, contact 911 or visit your local hospital/ER immediately, and notify your athletic trainer after being seen by the hospital.**
RETURN-TO-LEARN

- If a student athlete is not attending classes per the team doctor’s diagnosis, that student athlete is unable to go a watch practices or attend team meeting. No academics= No athletic activity.
- There is to be no classroom activity on the day of the concussion.
- ATC will provide a letter to academic services to notify them that the student athlete has sustain a concussion, will be held out of classes until further evaluation by physician.
- The ATC is the point person for all individuals dealing the case of a student-athlete who has a concussion.
- Nikita Robins-Thompson is the point person within the athletic academics to assist with navigating return to learn with the student-athlete.
- The multidisciplinary team may include but not limited to:
  - Athletic Trainer for that sport
  - Head Athletic Trainer
  - Psychologist/counselor
  - Academic counselor
  - Coaches
  - Course instructor
- Academic services will notify the student athlete’s class instructors.
- Every student-athlete’s plan of care will be individuals based on their concussion. The team physician may choose to have the student athlete remain at home/ dorm if there is an issue with the student-athlete tolerating light cognitive activity.
- The team physician will determine when a student athlete may return to classes and or studying. The team physician may choose to have the athlete gradually return to full academic load as tolerated with modifications.
- If a student-athlete is having symptoms lasting more the two weeks, members of the multi-disciplinary team will need to discuss other potential accommodation and resources. ATC will contact the members to discuss the case further. The office of disability or ADAAA office services may be in need.
- Academic services will be notified if/or when changes are made to the student-athlete’s academic restrictions.
- If the concussion symptoms persist and the team physician recommends additional care, the student athlete will see counselor Michael Monk at DSU counseling.
- If additional services or modification in the classroom are needed that will be arranged through academic services.
- A re-evaluation by the team physician will be conducted if the concussion symptoms worsen with academic challenges.
REDUCING EXPOSURE TO HEAD TRAUMA

Delaware State University Athletics strives to provide the safest practice and competition environment for our student-athletes. Coaches, student-athletes and medical personnel shall emphasize ways to minimize head trauma exposure including but not limited to the following:

- Adhering to the Inter-Association Consensus: Year-Round Football Practice Contact Guidelines (Appendix F).
  - Guidelines shall be reviewed with the entire football coaching staff, football medical personnel and athletics administrators (as appropriate) prior to fall pre-season practices annually, and with the football coaching staff and football medical personnel prior to the first spring practice annually.

- Adhering to the Inter-Association Consensus: Independent Medical Care Guidelines
  - The physical and psychosocial welfare of the individual student-athlete should always be the highest priority of the athletic trainer and the team physician (ie. athlete-centered care).
  - Institutional medical authority is established independently of a coach for patient health & welfare.

- Coaches and student-athletes in all sports shall work to reduce gratuitous contact during practice.

- Coaches and student-athletes in all sports shall take a “safety first” approach to sport.
  - Coach and student-athlete education regarding safe play and utilizing proper technique in sport.
  - There shall be an emphasis on taking the head out of contact.

- At the conclusion of each semester and/or academic year as appropriate, all identified concussion injuries shall be reviewed to determine if any additional measures can be taken to further reduce head trauma in sport.
Appendix A

Balance Error Scoring System
Delaware State University
Sports Medicine

Name: ___________________________ Date of Birth: ______________________

Sport: __________________________ Participation Year: __________________

Date of Test: ________________ Baseline or Post Injury: ____________________

Score Card

<table>
<thead>
<tr>
<th>Balance Error Scoring System – Types of Errors</th>
<th>SCORE CARD: (# errors)</th>
<th>FIRM Surface</th>
<th>FOAM Surface</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hands lifted off iliac crest</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Opening eyes</td>
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<td></td>
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<tr>
<td>3. Step, stumble, or fall</td>
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<tr>
<td>4. Moving hip into &gt; 30 degrees abduction</td>
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<tr>
<td>5. Lifting forefoot or heel</td>
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<tr>
<td>6. Remaining out of test position &gt; 5 sec</td>
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<tr>
<td>The BESS is calculated by adding one error point for each error during the 6 20-second tests.</td>
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</tbody>
</table>

| | Double Leg Stance (feet together) | | |
| | Single Leg Stance (non-dominant foot) | | |
| | Tandem Stance (non-dom foot in back) | | |
| | Total Scores: | | |
| | BESS TOTAL: | | |

Which foot was tested: □ Left □ Right
(i.e. which is the non-dominant foot)

*Maximum number of errors is 10 for each stance/surface

80
Appendix B

Concussion Management Policy: Symptom Assessment

Athlete Name: _______________________
Date of Injury: _______________________
Date of Evaluation: ___________________
Time of Evaluation: ___________________
Football:
Helmet Check: ______________
Mouth guard Check: __________

CONCUSSION SYMPTOM CHECKLIST

The student-athlete should be scored on the following symptoms, as applicable, based on how s/he feels at the time of evaluation.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td></td>
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<tr>
<td>“Pressure in head”</td>
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<tr>
<td>Neck pain</td>
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<td>Nausea or vomiting</td>
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<tr>
<td>Dizziness</td>
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<tr>
<td>Blurred vision</td>
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<tr>
<td>Balance problems</td>
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<td>Sensitivity to light</td>
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<tr>
<td>Sensitivity to noise</td>
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<td>Feeling slowed down</td>
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<tr>
<td>Feeling like “in a fog”</td>
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<tr>
<td>“Don’t feel right”</td>
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<td>Difficulty concentrating</td>
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<td>Difficulty remembering</td>
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<td>Fatigue or low energy</td>
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<tr>
<td>Confusion</td>
<td></td>
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<tr>
<td>Drowsiness</td>
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<td></td>
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<tr>
<td>Trouble falling asleep</td>
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<tr>
<td>More Emotional</td>
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<tr>
<td>Irritability</td>
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<tr>
<td>Sadness</td>
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<tr>
<td>Nervous or Anxious</td>
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</tbody>
</table>

Total number of symptoms: ______ / 22
Symptom severity score: ________________

Athletic Trainer Name: _________________________________________
Athletic Trainer Signature: _____________________________________
Date: _________________________________________________________
Appendix C

Concussion Management Policy: Home Care Instructions

The person you have agreed to monitor, __________________________ has sustained a head injury, commonly called a concussion. She/he will need to be checked for the following symptoms every 2 hours for the next 12 hours:

- Change in behavior / irritability
- Increasing or severe persistent headache
- Vomiting
- Inability to concentrate
- Confusion
- Severe dizziness
- Double vision
- Slurred speech
- Clear or bloody drainage from the ears or nose
- Loss of consciousness
- Excessive drowsiness or inability to be awakened
- Difficulty breathing
- Seizures
- Incontinence (inability to control going to the bathroom)

If any of these symptoms occur, call __________________________@ __________________________ If he/she is unavailable, call 911 immediately. (Athletic Trainer Name) (Phone #)
Or transport the student-athlete to Bayhealth Kent General-Emergency Room at 640 S State St, Dover, DE 19901

If you have any questions, call the athletic trainer above OR call the main athletic training room at (302) 857-7554

_____ (initial) **Patient cannot drink any alcohol or take medications that may alter their awareness such as pain killers or tranquilizers.**

_____ (initial) **Tylenol may be taken under direction of a physician.** Dosing instructions provided with pain medications should be followed.

_____ (initial) **Patient cannot drive a car until cleared by team physician.**

Patient needs to be examined by an athletic trainer on ________________ at ____________ AM / PM in the athletic training room. (Date) (Time)

Patient MUST follow-up with the athletic trainer DAILY until further notice.

**NO ATHLETIC ACTIVITY (including running, weight-lifting, practice, etc.) IS ALLOWED UNTIL FURTHER NOTICE.**

Responsible Party: _____________________________ Phone # __________________________
(Print name)

Responsible Party: _____________________________ Date: __________________________
(Signature)
Appendix D

Delaware State University Medicine Spine Injury Management Protocol

General Guidelines

- Any athlete suspected of having a spinal injury should initially not be moved and should be managed as though a spinal injury exists. C-spine in-line stabilization should be maintained.
- The primary acute treatment goals are to ensure that the cervical spine is immobilized in neutral and vital life functions are accessible. The athlete’s airway, breathing, circulation, level of consciousness (AVPU) and neurological status should be assessed. If airway is impaired, maintain c-spine in-line stabilization simultaneously with airway using a modified jaw thrust maneuver. If the athlete’s breathing is inadequate, assist ventilations with bag-valve-mask and supplemental oxygen.
- During initial assessment, the presence of any of the following, alone or in combination, requires the initiation of the spine injury management protocol: unconsciousness or altered level of consciousness, bilateral neurological findings or complaints, significant midline spine pain with or without palpation, or obvious spinal column deformity.
- EMS should be activated.
- The athlete should not be moved until immobilized unless essential to maintain airway, breathing and circulation. If the athlete must be moved, the athlete should be placed in a supine position while maintaining spinal immobilization.
- In a situation where it may not be appropriate for on-site medical personnel to transfer the athlete to a long spine board prior to EMS arrival (lack of enough qualified help or other factors), the rescuer(s) should maintain in-line stabilization, place a rigid cervical collar on (if possible), and continue to monitor baseline vital signs and complete secondary evaluation while awaiting EMS.

Spine Immobilization

- If the spine is not in a neutral position, rescuers should not attempt to realign the c-spine. Rescuer should maintain inline immobilization and monitor vital signs and complete secondary evaluation while awaiting EMS.
- If possible, a correctly sized rigid cervical collar should be placed on athlete prior to moving.
- When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit by securing the athlete to a long spine board. Either the log-roll or lift-and-slide maneuver should be used to place the athlete on the long spine board. It is ideal that at minimum three (3) rescuers with preferably five to six (5-6) be in place to perform the log roll procedure and that at minimum five (5) rescuers with preferably six to eight (6-8) be in place to perform the lift-and-slide procedure.
- The rescuer controlling c-spine stabilization will be in command of log roll or lift-and-slide maneuvers and long spine board immobilization.
- Once positioned onto long spine board, the athlete’s torso and legs should first be secured, using spider straps or speed clips (if speed clips are used, ideally 7 straps should be applied: 2 crossing chest from shoulder to opposite axilla, one across chest under axilla, 1 across the abdomen, 1 across the pelvis, 1 across the mid thighs and 1 across the mid tibias). Athlete’s arms should be left free from long spine board straps to facilitate vital sign monitoring and IV access. Athlete’s wrists may be secured together in front of the body with velcro strap or tape once secured to long spine board.
- Once torso and legs are secured, the head should be secured last. If necessary, padding should be applied under the athlete’s head to fill any voids and maintain neutral in-line position. The head should be secured with lateral restraint pads and then secured to board with tape over forehead and at chin.
- Following securing athlete to board, neurological status should be reassessed.
• The secondary survey should be completed with baseline vital signs (reassessed regularly), head-to-toe survey, and SAMPLE history.
• Athlete should be transported to the most appropriate emergency medical facility and head team physician and appropriate subspecialist(s) notified.
• A member of the DSU medical staff should accompany the athlete in the ambulance and have a previously agreed upon protocol to assist with equipment removal at the emergency facility.

**Additional Guidelines for Care of Spine-Injured Football Athlete**

• The facemask should be removed prior to transportation, regardless of current respiratory status. Tools for facemask removal (power screwdriver, FM Extractor, Anvil Pruners, or ratcheting PVC pipe cutter) should be readily accessible. If possible, consideration should be given to the use of quick release facemask clips to facilitate facemask removal.
• The facemask should be completely removed from the helmet, rather than being retracted.
• Consideration should be given to the possibility of equipment removal on site prior to transport, where more rescuers familiar with equipment removal may be available versus the emergency facility and the athlete may be better immobilized without equipment as barrier. Removal of helmet and shoulder pads on site is appropriate when:
  - the helmet is not properly fitted to prevent movement of the head independent of the helmet;
  - the equipment prevents neutral alignment of the cervical spine;
  - the equipment prevents airway or chest access; or
  - the trained rescuers on site feel based upon the individual circumstances, on site equipment removal is indicated.
• If the helmet is removed, spinal immobilization must be maintained while removing. Dependent upon the type of football helmet worn, it may be appropriate to remove cheek padding and/or deflate air padding prior to helmet removal.
• Shoulder pads do not necessarily have to be removed on site. The front of the shoulder pads can be opened to allow access for CPR and defibrillation.
• Should either the helmet or shoulder pads be removed – or if only one of these is present- appropriate spinal alignment must be maintained.
Appendix E

Concussion Management Policy: 6-Step Graduated Return to Play (RTP) Protocol

This RTP protocol allows a gradual increase in activity and intensity during the return to play process. The athlete is monitored for any concussion-like signs / symptoms during and after each exertional activity.

In general, each step requires a 24-hour observation period to document the student-athlete’s response to the challenge. The student-athlete may only progress to the next level if he or she remains asymptomatic in the 24 hours following the last completed step.

IF AT ANY POINT DURING THIS PROCESS THE ATHLETE BECOMES SYMPTOMATIC, the athlete should return to the previous asymptomatic level and only re-attempt the symptom-provoking step once asymptomatic for 24 hours.

No athlete can return to full activity or competitions until they are asymptomatic in limited, controlled, and full-contact activities, and cleared by the team physician either in person or via the phone with a certified athletic trainer.
Appendix F

Inter-Association Consensus: Year-Round Football Practice Contact Guidelines
The NCAA Sport Science Institute and leading scientific and sports medicine organizations have developed recommendations for athletics departments and coaches to use as they plan their year-round football practice sessions. These recommendations serve as an update from 2014 guidance and include additional recommendations for pre-season, in season, postseason and spring practice.

Preseason practice recommendations
Two-a-day practices are not recommended. A second session of no helmet/pad activity may include walk-throughs or meetings; conditioning in the second session of activity is not allowed.
The preseason may be extended by one week in the calendar year to accommodate the lost practice time from elimination of two-a-days, and to help ensure that players obtain the necessary skill set for competitive play.
In any given seven days following the five-day acclimatization period:
• Up to three days of practice can be live contact (tackling or thud).
• There should be a minimum of three non-contact/minimal contact practices in a given week.
• A non-contact/minimal contact practice should follow a scrimmage.
• One day should be no football practice.

In season practice recommendations
In season is defined as the period between six days prior to the first regular-season game and the final regular-season game or conference championship game (for participating institutions). In any given week:
• Three days of practice should be non-contact/minimal contact.
• One day of live contact/tackling should be allowed.
• One day of live contact/thud should be allowed.

Postseason practice recommendations
NCAA Championships (Football Championship Subdivision/Division II/Division III), owl (Football Bowl Subdivision)
• If there is a two week or less period of time between the final regular season game or conference championship game (for participating institutions) and the next bowl or postseason game, then in season practice recommendations should remain in place.
• If there is greater than two weeks between the final regular season game or conference championship game (for participating institutions) and the next bowl or postseason game, then:
  o Up to three days may be live-contact (two of which should be live contact/thud).
  o There must be three non-contact/minimal contact practices in a given week.
  o The day preceding and following live contact/tackling should be non-contact/minimal contact or no football practice.
  o One day must be no football practice.

Spring practice recommendations
(Divisions I and II)
Of the 15 allowable sessions that may occur during the spring practice season, eight practices may involve live contact (tackling or thud); three of these live contact practices may include greater than 50 percent live contact (scrimmages). Live contact practices should be limited to two in a given week and should not occur on consecutive days. The day following live scrimmage should be non-contact/minimal contact.
Baseball Exercise Progression – Catcher

Exercise Progression Instructions

The following protocol is used to gradually return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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<td>Easy</td>
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<td>Moderate</td>
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<td>Hard</td>
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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.

- A 24-hour rest period should be taken before progressing to the next stage.

- **Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.**

- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
# Baseball Exercise Progression - Catcher

**Name of Athlete:** ____________________________

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1     | Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
Planks: 2 x 30 seconds  
3/4 Wall Sit: 2 x 1 minute | Perceived Exertion: Easy  
Minimal head movement | Date: Initials:  
Comment: |
| 2     | Jogging at a medium pace with normal eye movement x20-30 minutes  
Planks: 3 x 30 seconds  
Body weight squats: 3 x 10  
Lunge Walks: 3 x 20 | Perceived Exertion: Mild  
Normal head movement | Date: Initials:  
Comment: |
| 3     | Running at fast pace 10-15 minutes.  
Sprints at 90 feet (50-75% effort): 1 x 10 (with 30-60 seconds in between)  
Individual drills which may include Tee work, agility and skills practice x20 minutes. | Perceived Exertion: Moderate  
Increased head/body motion and rotation  
No other players in the vicinity | Date: Initials:  
Comment: |
| 4     | Non-contact practice  
Agilities including high knees, butt kicks, carioca, side shuffle, 90 feet sprints (100% effort) x 2 each  
Soft toss/catch with partner (not to exceed 90 feet)  
Catch a bullpen in full gear  
Hit off tee, short toss hitting/bunting in cages.  
Fielding ground & fly balls. | Perceived Exertion: Hard/Intense  
High level multitasking in non-contact sport-specific drills.  
Multiple people on the field of play  
Non-Contact | Date: Initials:  
Comment: |
**BASEBALL - CATCHER**

**CALL/RETURN TO CLINIC FOR**

**FINAL CLEARANCE**

| 5 | Full participation in contact practice | Full participation in a controlled practice setting  
Perceived Exertion: Hard/Intense | Date:  
Initials:  
Comment: |
|---|---|---|---|
| 6 | Full participation in competition/game | Return to full participation | Date:  
Initials:  
Comment: |

In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms,

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

---

**Signature of Licensed Physician, Licensed Athletic trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder**  
**Date**

---

**Please print name**

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

---

**Signature of Parent/legal Custodian or Designee**  
**Date**

---

**Please print name**
Baseball Exercise Progression - Infield / Outfield

Exercise Progression Instructions
The following protocol is used to *gradually* return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from O to 10, where 0 means "no exertion at all" and 10 means “maximal exertion.” Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.
- A 24 hour rest period should be taken before progressing to the next stage.
- **Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.**
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
Baseball Exercise Progression - Infield / Outfield

Name of Athlete: ____________________________

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<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
       • Planks: 2 x 30 seconds  
       • ¾ Wall Sit: 2 x 1 minute | Perceived Exertion: Easy Minimal head movement                    | Date:     |
|       |                                                                           |                                                                   | Initials: |
|       |                                                                           |                                                                   | Comment:  |
| 2     | • Jogging at a medium pace with normal eye movement x20-30 minutes  
       • Planks: 3 x 30 seconds  
       • Wall Sit: 3 x 1 minute  
       • Lunge Walks: 3 x 20 | Perceived Exertion: Mild Normal head movement                     | Date:     |
|       |                                                                           |                                                                   | Initials: |
|       |                                                                           |                                                                   | Comment:  |
| 3     | • Running at fast pace 10-15 minutes.  
       • Sprints at 90 feet (50-75% effort): 1 x 10 (with 30-60 seconds in between)  
       • Individual drills which may include Tee work, agility and skills practice x20 minutes. | Perceived Exertion: Moderate Increased head/body motion and rotation No other players in the vicinity | Date:     |
|       |                                                                           |                                                                   | Initials: |
|       |                                                                           |                                                                   | Comment:  |
| 4     | • Non-contact practice  
       • Agilities including high knees, butt kicks, carioca, side shuffle, 90 feet sprints (100% effort) x 2 each  
       • Soft toss/catch with partner (not to exceed 90 feet). Hit off tee, short toss hitting/bunting in cages.  
       • Fielding ground & fly balls. | Perceived Exertion: Hard/Intense High level multitasking in non-contact sport- specific drills. Multiple people on the field of play Non-Contact | Date:     |
|       |                                                                           |                                                                   | Initials: |
|       |                                                                           |                                                                   | Comment:  |
In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

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<tr>
<th></th>
<th>Full participation in contact practice</th>
<th>Full participation in a controlled practice setting Perceived Exertion: Hard/Intense</th>
<th>Date: Initials: Comment:</th>
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<tr>
<td>5</td>
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<td>Full participation in competition/game</td>
<td>Return to full participation</td>
<td>Date: Initials: Comment:</td>
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By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

Signature of Licensed Physician, Licensed Athletic trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

Date

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

Signature of Parent/legal Custodian or Designee

Date

Please print name
Baseball Exercise Progression - Pitcher

Exercise Progression Instructions

The following protocol is used to gradually return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.

- A 24 hour rest period should be taken before progressing to the next stage.

- Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.

- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
# Baseball Exercise Progression • Pitcher

**Name of Athlete:** ________________________________

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<tr>
<th>Stage</th>
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| 1     | - Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
- Planks: 2 x 30 seconds  
- ¾ Wall Sit: 2 x 1 minute | Perceived Exertion: Easy  
Minimal head movement | Date:  
Initials:  
Comment: |
| 2     | - Jogging at a medium pace with normal eye movement x20-30 minutes  
- Planks: 3 x 30 seconds  
- Wall Sit: 3 x 1 minute  
- Lunge Walks: 3 x 20 | Perceived Exertion: Mild  
Normal head movement | Date:  
Initials:  
Comment: |
| 3     | - Running at fast pace 10-15 minutes.  
- Sprints at 90 feet (50-75% effort): 1 x 10 (with 30-60 seconds in between)  
- Individual drills which may include Tee work, agility and skills practice x20 minutes. | Perceived Exertion: Moderate  
Increased head/body motion and rotation No other players in the vicinity | Date:  
Initials:  
Comment: |
| 4     | - Non-contact practice  
- Agilities including high knees, butt kicks, carioca, side shuffle, 90 feet sprints (100% effort) x 2 each  
- Soft toss/catch with partner (not to exceed 90 feet).  
- Flat ground mechanics work.  
- Hit off tee, short toss hitting/bunting in cages.  
- Fielding ground & fly balls | Perceived Exertion: Hard/Intense  
High level multitasking in non-contact sport-specific drills. Multiple people on the field of play Non-Contact | Date:  
Initials:  
Comment: |
BASEBALL-PITCHER

CALL/RETURN TO CLINIC FOR FINAL CLEARANCE

<table>
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<tr>
<th></th>
<th>Full participation in contact practice</th>
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<th>Date: Initials: Comment:</th>
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<tr>
<td>5</td>
<td>Throw a bullpen</td>
<td>Perceived Exertion: Hard/Intense</td>
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<tr>
<td>6</td>
<td>Full participation in competition/game</td>
<td>Return to full participation</td>
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In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

__________________________________________________________________________
Signature of licensed Physician, licensed Athletic trainer, licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

__________________________________________________________________________
Date

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

__________________________________________________________________________
Signature of Parent/legal Custodian or Designee

__________________________________________________________________________
Date

Please print name
Basketball Exercise Progression

Exercise Progression Instructions

The following protocol is used to gradually return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.

- A 24 hour rest period should be taken before progressing to the next stage.

- Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.

- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
## Basketball Exercise Progression

### Name of Athlete: ____________________________________________

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<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
      | • Planks: 2 x 30 seconds                                                  | Perceived Exertion: Easy Minimal head movement                                                  | Date:     |
|       | • ¾ Wall Sit: 2 x 1 minute                                               |                                                                                               | Initials: |
|       |                                                                           | Perceived Exertion: Easy Minimal head movement                                                  | Comment:  |
| 2     | • Jogging at easy pace with normal eye movement x20-30 minutes           | Perceived Exertion: Mild Normal head movement                                                  | Date:     |
|       | • Planks: 3 x 30 seconds                                                 |                                                                                               | Initials: |
|       | • Wall Sit: 3 x 1 minute                                                 |                                                                                               | Comment:  |
|       | • Lunge Walks: 3 x 20                                                   |                                                                                               |           |
| 3     | • Running at medium pace x20-30 minutes. Incorporate ladder runs with line touches.  
      | • Agilitices length of court and back x2: high knees, butt kicks, high knees, carioca, defensive slides, monster walks, tin soldiers  
      | • Ball handling (1 and 2 balls): incorporate change in direction with drills x10min  
      | • Shooting: Free throws, jumpers x10min                                   | Perceived Exertion: Moderate Increased head/body motion and rotation No other players in the vicinity | Date:     |
|       |                                                                           |                                                                                               | Initials: |
|       |                                                                           |                                                                                               | Comment:  |
| 4     | • Non-contact practice                                                   | Perceived Exertion: Hard/Intense High level multitasking in non-contact sport-specific drills  
      | • Running at hard pace with sprints x20-30 min.                            | Multiple people on the court Non-contact practice                                              | Date:     |
|       | • Incorporate ladder runs with line touches, running while dribbling ball and defensive slides into sprint at half court  
      | • Agilitices length of court and back x2: high knees, butt kicks, high knees, carioca, defensive slides, monster walks, tin soldiers  
      | • Ball handling (1 and 2 balls): incorporate change in direction & against defense x10min  
      | • Shooting & Team Drills: 5 spot shooting, full court layups, making layups, 3 man weave x20min |                                                                                               | Initials: |
|       |                                                                           |                                                                                               | Comment:  |
In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

__________________________________________  Date
Signature of licensed Physician, licensed Athletic trainer, licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

__________________________________________  Date
Signature of Parent/legal Custodian or Designee

Please print name
Cheerleading Exercise Progression

Exercise Progression Instructions
The following protocol is used to *gradually* return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion. Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.
- A 24 hour rest period should be taken before progressing to the next stage.
- **Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.**
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
Cheerleading Exercise Progression

Name of Athlete: ________________________________

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<tr>
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<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1     | Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
       | Planks: 2 x 30 seconds  
       | ¾ Wall Sit: 2 x 1 minute                                                 | Perceived Exertion: Easy  
       | Minimal head movement                                                    | Date:  
       | Initials:  
       | Comment:                                                                |           |
| 2     | Jogging at a medium pace with normal eye movement x20-30 minutes          | Perceived Exertion: Mild  
       | Planks: 3 x 30 seconds  
       | Body weight squats: 3 x 10  
       | Lunge Walks: 3 x 20                                                     | Normal head movement  
       | Date:  
       | Initials:  
       | Comment:                                                                |           |
| 3     | Running at moderate to fast pace 15-20 minutes.  
       | Individual drills/stationary cheers (15 minutes).  
       | 1 & 2 legged jumps on ground  
       | **No flying, stunting, tumbling, or Spotting**                           | Perceived Exertion: Moderate  
       | Increased head/body motion and rotation  
       | Non other teammates in the vicinity                                       | Date:  
       | Initials:  
       | Comment:                                                                |           |
| 4     | Warm-up with team  
       | Stationary cheers  
       | Light tumbling may include cartwheel, round off, back & front walkover  
       | Burpees w/jump x 10                                                     | Perceived Exertion: Hard/Intense  
       | High level multitasking in non-contact drills. Non-Contact               | Date:  
       | Initials:  
       | Comment:                                                                |           |
In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

Signature of Licensed Physician, Licensed Athletic trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

Date

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

Signature of Parent/legal Custodian or Designee

Date

Please print name
Equestrian Exercise Progression

Exercise Progression Instructions
The following protocol is used to gradually return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td>Mild</td>
<td>Moderate</td>
<td>Hard</td>
<td>Intense</td>
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</tr>
</tbody>
</table>

- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.

- A 24 hour rest period should be taken before progressing to the next stage.

- **Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.**

- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
Equestrian Exercise Progression

Name of Athlete:______________________________

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
      | • Planks: 2 x 30 seconds  
      | • ¾ Wall Sit: 2 x 1 minute                                               | Perceived Exertion: Easy  
      | | Minimal head movement  
      | | Minimal distraction (non-busy environment)                             | Date:  
      | | Initials:  
      | | Comment:                                                              |-----------|
| 2     | • Jogging at a medium pace with normal eye movement x 20-30 min,  
      | • Planks: 3 x 30 seconds  
      | • Wall Sit: 3 x 1 minute  
      | • Lunge Walks: 3 x 20  
      | • May practice mounting/dismounting, NO riding.                         | Perceived Exertion: Mild  
      | | Normal head movement  
      | | Low level cognitive exertion (busy environment)                        | Date:  
      | | Initials:  
      | | Comment:                                                              |-----------|
| 3     | • Riding an appropriate temperament horse at low speed for 30 minutes.  
      | • NO jumps, NO gallop. Limit quick changes in direction.  
      | • Helmet to be worn when in contact with horse at all times.  
      | • May walk/jog a course or pattern without horse, grooming, stretching, or practicing riding position on a stability ball. | Perceived Exertion: Moderate  
      | | Increased head/body motion and rotation                               | Date:  
      | | Initials:  
      | | Comment:                                                              |-----------|
| 4     | • Riding an appropriate temperament horse at moderate pace for 30 minutes.  
      | • Ride course with NO jumps  
      | • Increase change of direction movements.  
      | • May resume light weight lifting, no overhead weights  
      | • Progression to more complex training drills. Exercises could include barn chores, lunging a Horse riding lessons on a lunge line.  
      | • Helmet to be worn when in contact with horse at all times.            | Perceived Exertion: Hard/Intense  
      | | High level multitasking in non-contact sport- specific drills.         | Date:  
      | | Initials:  
      | | Comment:                                                              |-----------|
EQUESTRIAN

CALL/RETURN TO CLINIC FOR

FINAL CLEARANCE

<table>
<thead>
<tr>
<th>S</th>
<th>Full participation in controlled contact practice. May resume jumps</th>
<th>Full participation in a controlled practice setting Perceived Exertion: Hard/Intense</th>
<th>Date: Initials: Comment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Full participation in competition/game</td>
<td>Return to full participation</td>
<td>Date: Initials: Comment:</td>
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</tbody>
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In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

__________________________________________________________
Signature of licensed Physician, licensed Athletic trainer, licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

Date

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

__________________________________________________________
Signature of Parent/legal Custodian or Designee

Date

Please print name
Exercise Progression Instructions
The following protocol is used to gradually return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion. Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to rank your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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<td>0</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Rest</td>
<td>Easy</td>
<td>Mild</td>
<td>Moderate</td>
<td>Hard</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Intense</td>
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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.
- A 24 hour rest period should be taken before progressing to the next stage.
- Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
## Football Exercise Progression

### Name of Athlete: ________________________________

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<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
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</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
       • Planks: 2 x 30 seconds  
       • ¾ Wall Sit: 2 x 1 minute | Perceived Exertion: EASY  
       Minimal head movement  
       Minimal distraction (quiet environment, use a timer or have a friend count for you) | Date:  
       Initials:  
       Comment: |
| 2     | • Jogging at a medium speed with normal eye movement x20-30 minutes  
       • Planks: 3 x 30 seconds  
       • Wall Sit: 3 x 1 minute  
       • Lunge Walks: 3 x 20 | Perceived Exertion: MILD  
       Normal head movement  
       Low level cognitive exertion (count your own reps, busy environment) | Date:  
       Initials:  
       Comment: |
| 3     | • Running at fast pace x20-30 minutes.  
       • Individual drills which may include throwing/kicking the football, can receive football but only low speed passes, agility and skills practice x20 minutes.  
       • Wear helmet.  
       • May begin light weight training, no overhead free weights | Perceived Exertion: MODERATE  
       Increased head motion and rotation  
       Increased body positional changes  
       Moderate level multitasking in sport-specific drills | Date:  
       Initials:  
       Comment: |
| 4     | • Non-contact practice (two hand touch, or not touching another person)  
       • Agilities including high knees, butt kicks, carioca, tin soldiers (20 yards) x 2 each. May include drills from Stage 3.  
       • No hitting another player/blocking dummies.  
       • Wear helmet. May wear full gear. | Perceived Exertion: HARD/INTENSE  
       High level multitasking in sport-specific drills. Multiple people on the field of play  
       Non-Contact | Date:  
       Initials:  
       Comment: |
In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

---

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<th>Stage</th>
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<th>Status</th>
<th>Date</th>
<th>Initials</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Full participation in controlled contact practice. Can resume contact with blocking equipment &amp; teammates.</td>
<td>Full participation in a controlled practice setting</td>
<td>Perceived Exertion: HARD/INTENSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Full participation in competition/game</td>
<td>Return to full participation</td>
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<td></td>
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Signature of licensed Physician, licensed Athletic trainer, licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

---

Signature of Parent/legal Custodian or Designee

Please print name
Exercise Progression Instructions
*The following protocol is used to gradually return you to activity.*

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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<tbody>
<tr>
<td></td>
<td>Easy</td>
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<td>Moderate</td>
<td></td>
<td>Hard</td>
<td></td>
<td>Intense</td>
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<td></td>
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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.
- A 24 hour rest period should be taken before progressing to the next stage.
- Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
## Lacrosse Exercise Progression - Goalie

Name of Athlete: ________________________________

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x 20-30 minutes.  
     | • Planks: 2 x 30 seconds  
     | • ¾ Wall Sit: 2 x 1 minute                                               | Perceived Exertion: Easy Minimal head movement  
     |                                                                 | Minimal distraction (non-busy environment) | Date:  
     |                                                                 | Initials:  
     |                                                                 | Comment: |
| 2     | • Jogging at a medium pace with normal eye movement x20-30 minutes  
     | • Planks: 3 x 30 seconds  
     | • Wall Sit: 3 x 1 minute  
     | • Lunge Walks: 3 x 20                                                | Perceived Exertion: Mild Normal head movement  
     |                                                                 | Low level cognitive exertion (counting reps, busy environment) | Date:  
     |                                                                 | Initials:  
     |                                                                 | Comment: |
| 3     | • Running at fast pace x20-30 minutes.  
     | • Individual drills: i.e. clears/outlet passes, ground balls, 1 on 1 crease work x20 minutes.  
     | • Wear all equipment. **No checking.**  
     | • May begin light weight training, no overhead free weights            | Perceived Exertion: Moderate Increased head/body motion and rotation No other players in close vicinity. Outlet passes are ok. Non-Contact | Date:  
     |                                                                 | Initials:  
     |                                                                 | Comment: |
| 4     | • Non-contact practice  
     | • Agilities including high knees, butt kicks, carioca, tin soldiers (20 yards) x 2 each.  
     | • Wear all equipment. **No checking.**  
     | • Close-range quick passes; 1 on 1 shooting, ground balls, running outlet passes, clearing drills x20 min.  
     | • Burpees w/ jump x 10; shuttle runs.                                 | Perceived Exertion: Hard/Intense High level multitasking in non-contact sport- specific drills. Multiple people on the field of play Non-Contact | Date:  
     |                                                                 | Initials:  
<pre><code> |                                                                 | Comment: |
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<tr>
<th>Stage</th>
<th>Description</th>
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<tr>
<td>5</td>
<td>Full participation in contact practice</td>
<td>Full participation in a controlled practice setting</td>
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<tr>
<td></td>
<td></td>
<td>Perceived Exertion: Hard/Intense</td>
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In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

________________________
Signature of Licensed Physician, Licensed Athletic trainer, licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

________________________
Signature of Parent/Legal Custodian or Designee

Please print name
Lacrosse Exercise Progression

Exercise Progression Instructions

*The following protocol is used to gradually return you to activity.*

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

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- A 24 hour rest period should be taken before progressing to the next stage.
- Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
## Lacrosse Exercise Progression

### Name of Athlete:

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<th>Stage</th>
<th>Activity</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• Walking or riding a stationary bike with eyes fixed on a distant target</td>
<td>Perceived Exertion: Easy Minimal head movement Minimal distraction (non-busy environment)</td>
<td>Date: Initials: Comment:</td>
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<tr>
<td></td>
<td>x20-30 minutes.</td>
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<tr>
<td></td>
<td>• Planks: 2 x 30 seconds</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ¾ Wall Sit: 2 x 1 minute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>• Jogging at a medium pace with normal eye movement x20-30 minutes</td>
<td>Perceived Exertion: Mild Normal head movement Low level cognitive exertion (counting reps, busy</td>
<td>Date: Initials: Comment:</td>
</tr>
<tr>
<td></td>
<td>• Planks: 3 x 30 seconds</td>
<td>environment)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Wall Sit: 3 x 1 minute</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lunge Walks: 3 x 20</td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>• Running at fast pace x20-30 minutes.</td>
<td>Perceived Exertion: Moderate Increased head/body motion and rotation No other players in close</td>
<td>Date: Initials: Comment:</td>
</tr>
<tr>
<td></td>
<td>• Individual drills: i.e. line drills/passes, ground balls, dodges, shots</td>
<td>vicinity. Long passes are ok.</td>
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<td></td>
<td>on goal, defensive slides x20 minutes.</td>
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<tr>
<td></td>
<td>• May begin weight training, no overhead free weights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>• Non-contact practice</td>
<td>Perceived Exertion: Hard/Intense High level multitasking in non-contact sport-specific drills.</td>
<td>Date: Initials: Comment:</td>
</tr>
<tr>
<td></td>
<td>• Agilities including high knees, butt kicks, carioca, tin soldiers (20</td>
<td>Multiple people on the field of play Non-Contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>yards) x 2 each. Wear helmet and gloves.</td>
<td>(Face-off midfielders may take non-live face-offs to improve reaction time, technique)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Wall ball (50x strong hand, 50x off-hand) x 2-3 sets.</td>
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<tr>
<td></td>
<td>• Close-range quick passes; line drills, ground balls, running feeds with</td>
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<td></td>
<td>shots on goal, over-the-shoulder clearing passes/catches; no checks</td>
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<tr>
<td></td>
<td>• Burpees w/ jump x 10; shuttle runs.</td>
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# LACROSSE
## CALL/RETURN TO CLINIC FOR FINAL CLEARANCE

<table>
<thead>
<tr>
<th>Stage</th>
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By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

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Signature of Licensed Physician, licensed Athletic trainer, Licensed Physician Assistant, Date licensed Nurse Practitioner, licensed Neuropsychologist or First Responder

---

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

---

Signature of Parent/Legal Custodian or Designee

Date

---

Please print name
Soccer Exercise Progression - Goalkeeper

Exercise Progression Instructions

_The following protocol is used to gradually return you to activity._

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from O to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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</tbody>
</table>

- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.

- A 24 hour rest period should be taken before progressing to the next stage.

- Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.

- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
# Soccer Exercise Progression – Goalkeeper

**Name of Athlete:** _________________________________

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
      | • Planks: 2 x 30 seconds  
      | • ¾ Wall Sit: 2 x 1 minute                                               | Perceived Exertion: Easy  
      |                                                                 | Minimal head movement                                                     | Date:    |
|       |                                                                         |                                                                          | Initials: |
|       |                                                                         |                                                                          | Comment: |
| 2     | • Jogging at a medium pace with normal eye movement x20-30 minutes       | Perceived Exertion: Mild  
      | • Planks: 3 x 30 seconds  
      |                                                                 | Normal head movement                                                     | Date:    |
|       | • Body weight squats: 3 x 10                                             |                                                                          | Initials: |
|       | • Lunge Walks: 3 x 20                                                   |                                                                          | Comment: |
| 3     | • Running at moderate to fast pace 20-30 minutes.                        | Perceived Exertion: Moderate  
      | • Individual drills such as catching in place, passing, volleying, jugging, and distribution drills.  
      |                                                                 | Increased head/body motion and rotation No other teammates in the vicinity | Date:    |
|       | • Work on agility and changing directions.                               |                                                                          | Initials: |
|       | • **No diving or headers**                                              |                                                                          | Comment: |
| 4     | • Warm-up routine with team.                                            | Perceived Exertion: Hard/Intense High level multitasking in non-contact drills.  
      | • Practice with teammates **but no contact.**                           | Non-Contact practice                                                      | Date:    |
|       | • Drills may advance to break down (collapse dives), turn and catch, crosses, and set piece shooting drills.  
      | • **No power/full extension dives or headers**                         |                                                                          | Initials: |
|       |                                                                         |                                                                          | Comment: |
### SOCCER - GOALKEEPER
CALL/RETURN TO CLINIC FOR FINAL CLEARANCE

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Activity Setting</th>
<th>Date</th>
<th>Initials</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Full participation in controlled contact practice. May resume normal shooting drills.</td>
<td>Full participation in a controlled practice setting Perceived Exertion: Hard/Intense</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Full participation in competition/game</td>
<td>Return to full participation</td>
<td></td>
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</table>

In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

______________________________

Signature of Licensed Physician, licensed Athletic trainer,
Licensed Physician Assistant, Licensed Nurse Practitioner,
Licensed Neuropsychologist, or First Responder

Date

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

______________________________

Signature of Parent/Legal Custodian or Designee

Date

Please print name
Exercise Progression Instructions

The following protocol is used to gradually return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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<tbody>
<tr>
<td>Easy</td>
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<td>Intense</td>
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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.
- A 24 hour rest period should be taken before progressing to the next stage.
- Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
# Soccer Exercise Progression

Name of Athlete: ____________________________

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
• Planks: 2 x 30 seconds  
• ¾ Wall Sit: 2 x 1 minute | Perceived Exertion: Easy  
Minimal head movement | Date:  
Initials:  
Comment: |
| 2     | • Jogging at a medium pace with normal eye movement x20-30 minutes  
• Planks: 3 x 30 seconds  
• Body weight squats: 3 x 10  
• Lunge Walks: 3 x 20 | Perceived Exertion: Mild  
Normal head movement | Date:  
Initials:  
Comment: |
| 3     | • Running at moderate to fast pace  
20-30 minutes.  
• Individual drills such as dribbling, passing, volleying, juggling, and shooting drills. Work on agility and changing directions.  
• **No heading or diving** | Perceived Exertion: Moderate  
Increased head/body motion and rotation  
No other teammates in the vicinity | Date:  
Initials:  
Comment: |
| 4     | • Warm-up routine.  
• Practice with teammates **but no contact.**  
• Drills may advance to 1 vs 1, 2 vs 1, 3 vs 1, passing, shooting, and defending drills.  
• **No heading or diving** | Perceived Exertion: Hard/Intense  
High level multitasking in non-contact drills. Non-Contact practice | Date:  
Initials:  
Comment: |
SOCCER
CALL/RETURN TO CLINIC FOR
FINAL CLEARANCE

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity Description</th>
<th>Practice Setting</th>
<th>Date</th>
<th>Initials</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Normal full practice with controlled contact permitted.</td>
<td>Full participation in a controlled practice setting Perceived Exertion: Hard/Intense</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>Full participation in competition/game</td>
<td>Return to full participation</td>
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In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

__________________________________________  Date
Signature of licensed Physician, Licensed Athletic trainer,
Licensed Physician Assistant, Licensed Nurse Practitioner,
licensed Neuropsychologist, or First Responder

__________________________________________  Date
Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

__________________________________________  Date
Signature of Parent/Lego/ Custodian or Designee

Please print name
Exercise Progression Instructions
The following protocol is used to gradually return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion. Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.
- A 24 hour rest period should be taken before progressing to the next stage.
- **Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.**
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
### Softball Exercise Progression – Catcher

Name of Athlete: ________________________________________

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
       | • Planks: 2 x 30 seconds  
       | • ¾ Wall Sit: 2 x 1 minute                                              | Perceived Exertion: Easy Minimal head movement         | Date:  
       |                                                               |                                                       | Initials:  
       |                                                               |                                                       | Comment: |
| 2     | • Jogging at a medium pace with normal eye movement x20-30 minutes        | Perceived Exertion: Mild Normal head movement           | Date:  
       | • Planks: 3 x 30 seconds  
       | • Body Weight Squats: 3 x 10  
       | • Lunge Walks: 3 x 20                                                 | Initials:  
       |                                                               |                                                       | Comment: |
| 3     | • Running at fast pace 10-15 minutes.  
       | • Sprints at 60 feet (50-75% effort): 1 x 10 (with 30-60 seconds in between)  
       | • Individual drills which may include Tee work, agility and skills practice x20 minutes.  
       |                                                               | Perceived Exertion: Moderate Increased head/body motion and rotation No other players in the vicinity | Date:  
       |                                                       | Initials:  
       |                                                       | Comment: |
| 4     | • Non-contact practice  
       | • Agilities including high knees, butt kicks, carioca, side shuffle, 60 feet sprints (100% effort) x 2 each  
       | • Soft toss/catch with partner (not to exceed 90 feet).  
       | • Catch a bullpen in full gear.  
       | • Hit off tee, short toss hitting/bunting in cages.  
       | • Fielding ground & fly balls.                                        | Perceived Exertion: Hard/Intense High level multitasking in non-contact sport-specific drills. Multiple people on the field of play Non-Contact | Date:  
       |                                                               | Initials:  
       |                                                               | Comment: |
In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

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<tr>
<th></th>
<th>Full participation in contact practice</th>
<th>Full participation in a controlled practice setting</th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td>Perceived Exertion: Hard/Intense</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Full participation in competition/game</th>
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<tbody>
<tr>
<td>6</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Return to full participation</th>
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</table>

Date: __________ Initials: __________ Comment: __________

In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

Signature of licensed Physician, Licensed Athletic trainer, licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

Date: __________

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

Signature of Parent/Legal Custodian or Designee

Date: __________

Please print name

122
Softball Exercise Progression - Infielder/ Outfielder

Exercise Progression Instructions
The following protocol is used to gradually return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion. Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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</tr>
<tr>
<td>Easy</td>
<td>Mild</td>
<td>Moderate</td>
<td>Hard</td>
<td>Intense</td>
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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.
- A 24 hour rest period should be taken before progressing to the next stage.
- **Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.**
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
Softball Exercise Progression - Infielder / Outfielder

Name of Athlete: __________________________________________

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<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
       | • Planks: 2 x 30 seconds                                                  | Perceived Exertion: Easy Minimal                       | Date:     |
|       | • ¾ Wall Sit: 2 x 1 minute                                                | head movement                                           | Initials: |
|       |                                                                           |                                                           | Comment:  |
| 2     | • Jogging at a medium pace with normal eye movement x20-30 minutes        | Perceived Exertion: Mild Normal                          | Date:     |
|       | • Planks: 3 x 30 seconds                                                  | head movement                                           | Initials: |
|       | • Wall Sit: 3 x 1 minute                                                  |                                                           | Comment:  |
|       | • Lunge Walks: 3 x 20                                                     |                                                           |           |
| 3     | • Running at fast pace x10-15minutes.                                     | Perceived Exertion: Moderate                            | Date:     |
|       | • Sprints at 60 feet: 1 x 10 at 50-75% effort (30-60 seconds rest in between) | Increased head/body motion and rotation                 | Initials: |
|       | • Individual drills which may include tee work, agility and skills practice x20 minutes. | No other players in the vicinity | Comment:  |
|       |                                                                           |                                                           |           |
| 4     | • Non-contact practice                                                    | Perceived Exertion: Hard/Intense                        | Date:     |
|       | • Agilities including high knees, butt kicks, carioca, side shuffle, 60 feet sprints x 2 each (all at 100% effort) | High level multitasking in non-contact sport-specific drills. | Initials: |
|       | • Soft toss/catch with partner (not to exceed 60 feet).                   | Multiple people on the field of play Non-Contact        | Comment:  |
|       | • Hit off tee, short toss hitting/bunting in cages.                       |                                                           |           |
|       | • Fielding ground & fly balls.                                            |                                                           |           |
In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

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<th>5</th>
<th>Full participation in controlled contact practice</th>
<th>Full participation in a controlled practice setting</th>
<th>Date: Initials: Comment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Full participation in competition/game</td>
<td>Return to full participation</td>
<td>Date: Initials: Comment:</td>
</tr>
</tbody>
</table>

In the table, stage 5 includes:
- Full participation in controlled contact practice
- Full participation in a controlled practice setting
- Perceived Exertion: Hard/Intense

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

Signature of licensed Physician, Licensed Athletic trainer, licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

Please print name

Date

Signature of Parent/Legal Custodian or Designee

Please print name

Date

Date
Exercise Progression Instructions

_The following protocol is used to gradually return you to activity._

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.
- A 24 hour rest period should be taken before progressing to the next stage.
- Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
# Softball Exercise Progression - Pitcher

**Name of Athlete:**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
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</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
• Planks: 2 x 30 seconds  
• ¾ Wall Sit: 2 x 1 minute | Perceived Exertion: Easy Minimal head movement | Date:  
Initials:  
Comment: |
| 2     | • Jogging at a medium pace with normal eye movement x20-30 minutes  
• Planks: 3 x 30 seconds  
• Wall Sit: 3 x 1 minute  
• Lunge Walks: 3 x 20 | Perceived Exertion: Mild Normal head movement | Date:  
Initials:  
Comment: |
| 3     | • Running at fast pace x10-15minutes.  
• Sprints at 60 feet: 1 x 10 at 50-75% effort (30-60 seconds rest in between)  
• Individual drills, which may include tee work, agility and skills practice x20 minutes. | Perceived Exertion: Moderate Increased head/body motion and rotation No other players in the vicinity | Date:  
Initials:  
Comment: |
| 4     | • Non-contact practice  
• Agilities including high knees, butt kicks, carioca, side shuffle, 60 feet sprints x 2 each (all at 100% effort)  
• Soft toss/catch with partner (not to exceed 60 feet).  
• Pitching mechanics drills.  
• Hit off tee, short toss hitting/bunting in cages.  
• Fielding ground & fly balls. | Perceived Exertion: Hard/Intense High level multitasking in non-contact sport- specific drills. Multiple people on the field of play Non-Contact | Date:  
Initials:  
Comment: |
In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete’s Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

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<th>Date: Initials: Comment:</th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>Full participation in controlled contact practice Throw a bullpen</td>
<td>Full participation in a controlled practice setting Perceived Exertion: Hard/Intense</td>
<td>Date: Initials: Comment:</td>
</tr>
<tr>
<td>6</td>
<td>Full participation in competition/game</td>
<td>Return to full participation</td>
<td>Date: Initials: Comment:</td>
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In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete’s Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

---

Signature of licensed Physician, Licensed Athletic trainer, licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

---

Signature of Parent/Legal Custodian or Designee

Please print name

Date
Tennis Exercise Progression

Exercise Progression Instructions
The following protocol is used to **gradually** return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.

- A 24 hour rest period should be taken before progressing to the next stage.

- **Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.**

- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
## Tennis Exercise Progression

**Name of Athlete:** _________________

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<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
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</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
• Planks: 2 x 30 seconds  
• ¾ Wall Sit: 2 x 1 minute | Perceived Exertion: EASY  
Minimal head movement  
Minimal distraction (quiet environment) | Date:  
Initials:  
Comment: |
| 2     | • Jogging at a medium pace with normal eye movement x20-30 minutes  
• Planks: 3 x 30 seconds  
• Wall Sit: 3 x 1 minute  
• Lunge Walks: 3 x 20 | Perceived Exertion: MILD  
Normal head movement  
Low level cognitive exertion (counting reps, busy environment) | Date:  
Initials:  
Comment: |
| 3     | • Running at fast pace x20-30 minutes.  
• 20 minutes of Individual drills which may include deep court ground strokes, & rallying (forehands and backhands), agilities such as zig zag pattern running, line jumps/box jumps, sprints, side shuffles, etc.  
• Must be only participant on the court (no doubles or around another player).  
• No serve receive, playing at the net or volleying.  
• May begin light weight training, no overhead free Weights | Perceived Exertion: MODERATE  
Increased head motion and rotation  
Increased body positional changes  
Moderate level multitasking in sport-specific drills  
No other players in the vicinity | Date:  
Initials:  
Comment: |
| 4     | • Non-contact practice  
• Warm up and stretch with team.  
• Practice activities including serves x 50, volleys, groundstrokes, and agilities (20 yards x 2 each) including high knees, carioca, tin soldiers, zig zag pattern running, line jumps/box jumps, sprints, side shuffles, etc.).  
• May do doubles drills. | Perceived Exertion: HARD/INTENSE  
High level multitasking in sport-specific drills. Non-Contact | Date:  
Initials:  
Comment: |
**TENNIS**

**CALL/RETURN TO CLINIC FOR FINAL CLEARANCE**

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<th></th>
<th>Full participation in contact practice</th>
<th>Full participation in a controlled practice setting</th>
<th>Date: Initials: Comment:</th>
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<td>Full participation in a controlled practice setting</td>
<td>Date: Initials: Comment:</td>
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<td>Okay for doubles play.</td>
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<th>Full participation in competition/game</th>
<th>Return to full participation</th>
<th>Date: Initials: Comment:</th>
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<tr>
<td>6</td>
<td>Full participation in competition/game</td>
<td>Return to full participation</td>
<td>Date: Initials: Comment:</td>
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In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

__________________________
Signature of licensed Physician, Licensed Athletic trainer, licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

__________________________
Signature of Parent/Legal Custodian or Designee

Date

Please print name
Track & Field Exercise Progression - Jumper
Exercise Progression Instructions

The following protocol is used to *gradually* return you to activity.

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion. Look at the rating scale below while you are engaging in an activity; it ranges from O to 10, where O means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to rank your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.

- A 24 hour rest period should be taken before progressing to the next stage.

- Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.

- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
## Track & Field Exercise Progression - Jumper

**Name of Athlete:** ____________________

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<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
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</thead>
</table>
| 1     | Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
• Planks: 2 x 30 seconds  
• ¾ Wall Sit: 2 x 1 minute  
• Static Flexibility Training | Perceived Exertion: EASY Minimal head movement  
Minimal distraction (quiet environment) | Date:  
Initials:  
Comment: |
| 2     | Jogging at a medium pace with normal eye movement x20-30 minutes  
• Planks: 3 x 30 seconds  
• Wall Sit: 3 x 1 minute  
• Lunge Walks: 3 x 20  
• Flexibility training including foam rolling Exercises | Perceived Exertion: MILD Normal head movement  
Low level cognitive exertion  
(counting reps, busy environment) | Date:  
Initials:  
Comment: |
| 3     | Running at fast pace x20-30 minutes. May include S0m, 100m, 200m strides at 80%  
• Individual drills which may include approach runs and run through drills, walking hurdle drills and skills practice x20 minutes.  
• May begin light weight training, no overhead free weights | Perceived Exertion: MODERATE Increased head motion and rotation  
Increased body positional changes  
Moderate level multitasking in sport- specific drills  
No other players in the vicinity | Date:  
Initials:  
Comment: |
| 4     | Non-contact practice including jump specific warm-up and dynamic drills  
• Agilities including high knees, butt kicks, carioca, A-skips and B-skips, scissor kicks, High Kicks, and Rainbow Stretch (20 yards)  
• No pole vault or high jump | Perceived Exertion: HARD/INTENSE High level multitasking in sport-specific drills.  
Multiple people on the field of play Non-Contact | Date:  
Initials:  
Comment: |
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<tr>
<th>Stage</th>
<th>Activity Description</th>
<th>Activity Setting</th>
<th>Progress Information</th>
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<tbody>
<tr>
<td>5</td>
<td>Full participation in controlled contact practice May include high jump and pole vault</td>
<td>Full participation in a controlled practice setting</td>
<td>Date: Initials: Comment:</td>
</tr>
<tr>
<td>6</td>
<td>Full participation in competition/game</td>
<td>Return to full participation</td>
<td>Date: Initials: Comment:</td>
</tr>
</tbody>
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In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

______________________________ ________________________________  
Signature of licensed Physician, Licensed Athletic trainer,  
licensed Physician Assistant, Licensed Nurse Practitioner,  
Licensed Neuropsychologist, or First Responder  
Date

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

______________________________ ________________________________  
Signature of Parent/Legal Custodian or Designee  
Date

Please print name
Exercise Progression Instructions

*The following protocol is used to gradually return you to activity.*

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to rank your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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<td>Rest</td>
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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.
- A 24 hour rest period should be taken before progressing to the next stage.
- Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If symptoms do not resolve or significantly worsen, consult your physician and/or athletic trainer.
## Track & Field Exercise Progression – Thrower

Name: ________________________________

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<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
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</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
       • Planks: 2 x 30 seconds  
       • ¾ Wall Sit: 2 x 1 minute  
       • Static Flexibility Training (cobra stretch, hamstring, butterfly) | Perceived Exertion: EASY Minimal head movement  
Minimal distraction (quiet environment) | Date:  
Initials:  
Comment: |
| 2     | • Jogging at a medium pace with normal eye movement x20-30 minutes  
       • Planks: 3 x 30 seconds  
       • Wall Sit: 3 x 1 minute  
       • lunge Walks: 3 x 20  
       • Flexibility Training including foam rolling exercises and flexibility using the javelin spear | Perceived Exertion: MILD Normal head movement  
low level cognitive exertion (counting reps, busy environment) | Date:  
Initials:  
Comment: |
| 3     | • Running at fast pace x20-30 minutes.  
       • Shot Put/Hammer/Discus: Slow approach spins not including weight  
       • Javelin: Approach run through  
       • Individual drills which may include agility and skills practice  
       • May begin light weight training, no overhead free weights | Perceived Exertion: MODERATE Increased head motion and rotation  
Increased body positional changes  
Moderate level multitasking in sport-specific drills  
No other players in the vicinity | Date:  
Initials:  
Comment: |
| 4     | • Non-contact practice using shot put, discus, hammer and javelin equipment  
       • Agilities including high knees, butt kicks, carioca, A-skip, B-skip, High Kicks, and Rainbow Stretch (20 yards) | Perceived Exertion: HARD/INTENSE High level multitasking in sport-specific drills.  
Multiple people on the field of play  
Non-Contact | Date:  
Initials:  
Comment: |
In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

________________________  __________________________
Signature of Licensed Physician, Licensed Athletic trainer, 
Licensed Physician Assistant, Licensed Nurse Practitioner, 
Licensed Neuropsychologist, or First Responder  Date

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

________________________
Signature of Parent/Legal Custodian or Designee  Date

Please print name

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<th>Full participation in a controlled practice setting</th>
<th>Date: Initials: Comment:</th>
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<td>Full participation in competition/game</td>
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Exercise Progression Instructions

*The following protocol is used to gradually return you to activity.*

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to rank your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.
- A 24 hour rest period should be taken before progressing to the next stage.
- Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.
- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
# Track & Cross-Country Exercise Progression

**Name:**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
• Planks: 2 x 30 seconds  
• ¾ Wall Sit: 2 x 1 minute  
• Static Flexibility Training | Perceived Exertion: EASY  
Minimal head movement  
Minimal distraction (quiet environment) | Date:  
Initials:  
Comment: |
| 2     | • Jogging at a medium pace with normal eye movement x20-30 minutes. May begin strides at 50%  
• Planks: 3 x 30 seconds  
• Wall Sit: 3 x 1 minute  
• lunge Walks: 3 x 20  
• Flexibility training including foam rolling exercises | Perceived Exertion: MILD  
Normal head movement  
Low level cognitive exertion (counting reps1 busy environment) | Date:  
Initials:  
Comment: |
| 3     | • Running at fast pace x20-30 minutes. May include event specific running at 80%- 100x, 200x, 400x, 800x  
• Individual drills which may include walking hurdle drills, leg swings, agility and skills practice x20 minutes.  
• May begin light weight training, no overhead free weights | Perceived Exertion: MODERATE  
Increased head motion and rotation  
Increased body positional changes  
Moderate level multitasking in sport-specific drills  
No other players in the vicinity | Date:  
Initials:  
Comment: |
| 4     | • Non-contact practice including full running workout for specific event  
• Agilities including high knees, butt kicks, carioca, A-skips, B-skips, High Kicks, and Rainbow Stretch (20 yards)  
• May begin block starts  
• May begin relay exchanges at 80% | Perceived Exertion: HARD/INTENSE  
High level multitasking in sport-specific drills. Multiple people on the field of play  
Non-Contact | Date:  
Initials:  
Comment: |
In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

_________________________  ______________________
Signature of licensed Physician, Licensed Athletic trainer,  Date
Licensed Physician Assistant, Licensed Nurse Practitioner,
Licensed Neuropsychologist, or First Responder

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

_________________________  ______________________
Signature of Parent/Legal Custodian or Designee  Date

Please print name
Volleyball Exercise Progression

Exercise Progression Instructions

*The following protocol is used to *gradually* return you to activity.*

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 0 to 10, where 0 means "no exertion at all" and 10 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to others. Look at the scales and the expressions and then give a number.

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<td>Easy</td>
<td>Mild</td>
<td>Moderate</td>
<td>Hard</td>
<td>Intense</td>
<td></td>
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</tbody>
</table>

- Pay careful attention to your symptoms, your thinking, and your concentration skills at each stage of activity.

- A 24 hour rest period should be taken before progressing to the next stage.

- Move to the next stage of activity only if you do not experience any symptoms when completing the current exercise stage.

- If your symptoms return, immediately discontinue activity and rest for 24 hours. If your symptoms resolve, you may restart the previous stage of the return to play protocol. If your symptoms do not resolve, return with physical activity or significantly worsen, consult your physician and/or athletic trainer.
# Volleyball Exercise Progression

**Name of Athlete:** 

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Objective</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1     | • Walking or riding a stationary bike with eyes fixed on a distant target x20-30 minutes.  
        • Planks: 2 x 30 seconds  
        • ¾ Wall Sit: 2 x 1 minute | Perceived Exertion: Easy  
Minimal head movement  
Minimal distraction (non-busy environment) | Date:  
Initials:  
Comment: |
| 2     | • Jogging at a medium pace with normal eye movement x20-30 minutes  
        • Planks: 3 x 30 seconds  
        • Wall Sit: 3 x 1 minute  
        • Lunge Walks: 3 x 20 | Perceived Exertion: Mild  
Normal head movement  
Low level cognitive exertion (counting reps, busy environment) | Date:  
Initials:  
Comment: |
| 3     | • Running at fast pace x20-30 minutes.  
• 20 minutes of Individual drills which may include:  
• Volleyball-specific agilities such as defensive slides, zig-zag pattern running, line jumps/box jumps, etc. and skills practice (**no defensive** drills, no diving after balls, no receiving serves).  
• May practice setting and serving.  
• May begin light weight training, no overhead free weights | Perceived Exertion: Moderate  
Increased head/body motion and rotation  
No other players in close vicinity. | Date:  
Initials:  
Comment: |
| 4     | • Non-contact practice:  
• Warm up and stretch with team.  
• Participate in team drills where players are on one side of net only  
• Limit defensive participation  
• No diving. | Perceived Exertion: Hard/Intense  
High level multitasking in non-contact sport-specific drills.  
Multiple people on the court Non-Contact | Date:  
Initials:  
Comment: |
In compliance with the Gfeller-Waller Concussion Awareness Act, the individual who monitored the student-athlete's Return-to-Play Protocol and parent/legal custodian or designee should sign and date when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Status</th>
<th>Date</th>
<th>Initials</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Full participation in controlled contact practice</td>
<td>Full participation in a controlled practice setting Perceived Exertion: Hard/Intense</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Full participation in competition/game</td>
<td>Return to full participation</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Signature of licensed Physician, Licensed Athletic trainer, licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder

Please print name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

Signature of Parent/Legal Custodian or Designee

Please print name
STRENGTH & CONDITIONING

Mission Statement

Delaware State University Sports Performance is committed to developing the total student-athlete through their experiences within a competitive training environment. This will be accomplished by focusing on reducing the risk of injury and maximizing athletic potential through individual evaluation and program design.

FACILITY USAGE FOR STUDENT ATHLETES & COACHES ONLY.

No unsupervised training
Be on time
PROPER ATTIRE
DSU issued training/practice gear
No hats, gloves, visors, or bandanas
Closed-toed shoes and full t-shirt
No cleats
RESPECT
No abusive language or actions
Place all bags and belongings in designated area.
Place water bottles in designated area.
No sitting on equipment unless using it.
Do not place dumbbells on equipment pads or step on benches
SPOT AND MOTIVATE TEAMMATES ACTIVELY AND SAFELY.
Use collars/clips on bars.
No yawning.
No meaningless conversations.
No “I am tired” Or “Can’t”. NO BCD
Cue teammates
Know sets and reps of exercises
No food or supplements until session is complete.
RETURN ALL EQUIPMENT TO APPROPRIATE AREA
Rack all plates and dumbbells
Turn logos straight up on the dumbbells/plates
Wipe down equipment after use
HORNETS ATHLETICS TEAM FUNDRAISING GUIDELINES

Purposes

Delaware State University (DSU) recognizes the need to protect the campus environment from uncontrolled solicitations, but acknowledges the need to support worthwhile causes and to have convenient access to merchandise and services. The University also recognizes the importance of raising financial and in-kind support from outside sources to benefit the University, its students, departments, and activities.

Definitions

Solicitation is any verbal or written effort to raise funds through the sale of merchandise/services or through charitable donations as well as to influence or gain support for an issue or cause.
Proposal is any request for financial or in-kind support.
Associated Entity is any organization which is affiliated with DSU, but is not the University itself, and uses or intends to use the name, trademark, logo, or other unique University identifier. For example, the DSU Alumni Association, Sororities and Fraternities, Boosters and other organizations are considered associated entities.
Campus is considered any physical property owned or leased by DSU.
Deadline:
The DSU Athletics Fundraising Consent Form must be turned into the Associate Director of Athletics Facilities and Events a minimum of 10 days in advance for evaluation and approval/modification/disapproval.

TEAM FUNDRAISING PROCEDURES

CONSENT FORM

All head coaches interested in pursuing fundraising projects must first complete the Delaware State University Athletics Fundraising Consent Form. The form must be signed by the Director of Athletics and the Associate Director of Athletics Facilities & Events. A meeting will be required to discuss specifics of the project and additional written instructions may be required.

PROSPECT LIST

Any project involving the solicitation of businesses or individuals may include an additional list of prospects attached to the consent form. The prospect list will be reviewed by the Associate Director of Athletics Facilities & Events and the department’s rights provider.

SUBSEQUENT PROSPECTS

Additional prospects may be provided by the head coach to the Associate Director of Athletics Facilities & Events on an on-going basis via, e-mail, telephone or campus mail for consideration. All prospects must be screened before ANY contact is made.
ADMINISTRATION

For all fundraising projects, the coach will serve as the sole administrator for his or her team. Any student-athletes, assistant coaches or boosters assisting with the project will take direction from the head coach who will serve as the liaison with the Associate Director of Athletics Facilities & Events. For solicitation projects, the coach may assign prospects to student-athletes, assistant coaches or boosters only after the proposal process is completed/approved.

SOLICITATION LITERATURE

After successfully completing the approval process, the head coach will equip each solicitor with accurate project literature to assist in securing support. This literature must be reviewed and may be edited by the Director of Sports Information and approved by the Director of Athletics. Contracts should be provided if necessary.

ACCOUNTING

All incoming funds must be administered by the head coach in a timely and accurate fashion in accordance with the University’s billing, remittance, handling, and deposit policies. Checks must be made out to the appropriate individual team sport and deposited in the appropriate team fund raising account through the Department of Alumni & Giving. For individual solicitations, all solicitors are required to obtain the donor’s name, address, phone number, relationship to Delaware State University, and business and spouse information for receipting purposes.

CONTRACTS

Any contracts should be provided to the Associate Director of Athletics Facilities & Events for Delaware State University’s advance review/editing/approval/disapproval.

MISCELLANEOUS

Additional stipulations may be placed on the project by the Director of Athletics or Associate Director of Athletics Facilities & Events based on its nature. These stipulations will be provided in writing to the head coach.
DSU ATHLETICS FUNDRAISING CONSENT FORM

All athletic-related fundraising activities by student-athletes and staff must be approved by the Director of Athletics and Associate Director of Athletics Facilities & Events, and, when applicable, the department’s rights provider. All revenues and expenses from fundraising activities must be accounted for through each individual team’s fund raising account.

The procedure to approve summer camps, academic-year clinics, and tournaments does not apply to this form. All other fundraising activities such as clothing or food sales, -thons, golf tournaments, solicitations of individuals or businesses, etc., must be approved by using this form. All donated items must be recorded through Alumni & Giving (anonymous donations can be accepted). Athletic and University staff must comply with NCAA and Delaware State University rules and regulations when soliciting cash gifts or gifts in kinds.

Name: ___________________________________ Sport: ___________________ Date: __________

Name/type of fundraising project you want to conduct: ________________________________________

Date(s) of fundraising project: _________________________________________________________

Location of fundraising project (i.e. home facility, golf course, on campus, etc.): ______________

Specific purpose (if any) of fundraiser: __________________________________________________

Please provide a full description of your fundraising proposal, including how it will be conducted (i.e. mailing in the office, parents to conduct selling, etc.).

____________________________________________________________________________________

____________________________________________________________________________________

Please list the name(s), contact person, and telephone number of any outside organizations that you would like permission to contact for your fundraiser (e.g. foundations, alumni groups):

____________________________________________________________________________________

By signing below, I verify that I understand the terms of this form and will take full responsibility for this project if approved. In addition, I agree to complete a fundraising income form at the conclusion of the project to keep on file in the Athletic Department for fundraising reports and auditing purposes.

Signature: ___________________________ Title: ___________________________ Date: __________

APPROVAL SIGNATURES:

Director of Athletics: ___________________________ Date: __________

Associate Director of Athletics Facilities & Events: ______________________ Date: __________

Comments: __________________________________________________________________________

____________________________________________________________________________________

Please submit this form to the Delaware State University Athletics Department upon completion.
Office of Academic Services for Student-Athletes (ASSA), Compliance and Student Welfare

ASSA falls under the University Provost’s Office and works in conjunction with the department of athletics.

Standard and Requirements

Delaware State University academic standards and requirements apply for student-athletes in the same manner that they do for the general student population. Delaware State University officials acknowledge that there are often demanding pressures placed on the student-athlete when maneuvering through academics, athletics and personal growth. The Office of Academic Services for Student-Athletes (ASSA) exists to assist individuals in addressing these demands. The ASSA will assist the student-athlete in the following areas: arranging tutoring, monitoring academic success, progress toward a degree, assisting with personal goals and student life well-being.

Student-athletes, however, must assume ultimate responsibility for their academic endeavors while attending the University. All DSU student-athletes are expected to familiarize themselves with the Academic Services for Student-Athletes Policy and Procedures Manual, which includes detailed information on academic requirements, as well as academic support services, which are available to all student-athletes. The manual also contains very useful information on policies and regulations that apply to all University students. Under the auspices and guidance of the Provost’s Office, the Associate Director for Academic Services is responsible for the overall administration of the student-athlete academic support program, including the management of academic counseling.

The ASSA staff monitors academic progress and benchmarks in accordance with NCAA rules and regulations. The primary goal of the academic support program is to help student-athletes take full advantage of the educational opportunities that are made available, and, thereby, not only maintain athletic eligibility but also earn a degree from the University.

To accomplish this goal, the ASSA supports the academic growth of each student-athlete by providing:

• A detailed student-athlete orientation on MEAC and NCAA rules, regulations and procedures;
• Appropriate counseling for academic advising, and career planning;
• Assistance in scheduling and registering for class;
• Study skills, a computer lab, and referrals to other University services;
• Careful assessment of student-athlete academic skills and needs;
• Academic tutoring and mentoring;
• Supervised study hall sessions.

The Office of Academic Services for Student-Athletes is located on the second floor of the William C. Jason Library.

Orientation

Once enrolled, freshman and transfer student-athletes attend the general registration and orientation sessions for all DSU students. Additionally, the ASSA conducts orientation/information sessions for new student-athletes. The primary purpose of the orientation session is to familiarize student-athletes with the academic demands of
the University. Student-athletes are also made aware of changes and updates in MEAC and NCAA rules regarding eligibility.

**Advisement and Registration**

Academic advisement should be performed in collaboration with the assigned *primary/faculty advisor* and *athletic academic advisor*. Athletic Academic Advisor(s) maintain regular contact with primary advisor(s) to ensure comprehensive advisement designed to achieve degree completion, eligibility for competition, while understanding the unique needs of student-athlete schedules. Primary advisor and athletic academic advisor work together to address questions regarding accelerated credits, degree progress, waivers, course substitutions, changing majors, and other questions related to their degree program. Please note, we are a secondary advising support, so all final decision(s) made within the aforementioned rest with the *primary/faculty advisors*.

- **College of Business (COBA) Advisement**
  Location: Bank of America (BOA) Building RM 108
  Advisement Lead: Ms. Tamecka- Faria Frisby

- **College of Humanities, Education and Social Science (CHESS)**
  Location: W. Jason Library-2nd floor
  Advisement Lead: Ms. Charmayne White

- **College of Agriculture, Science & Technology (CAST)**
  Location: W. Jason Library-2nd floor
  Advisement Lead: Dr. Marcel Poe

- **College of Health & Behavioral Science (CHBS)**
  Location: Price Building Room 111
  Advisement Lead: Mrs. Michelle Rush
Class Attendance

There is a direct correlation between classroom attendance and academic success. It is expected that no class will be missed and that for home competitions, student athletes are allowed a 3-hour grace period prior to the start of the home competition.

Class Attendance (Away Games)

When classes will be missed due to an away competition, an absence verification memorandum (Travel Letter) will be sent to the professor notifying of the student’s absence. The instructor of the class is the only person who can excuse an absence. Instructors are likely to be more considerate toward a student-athlete’s team-related absences when the only absences the student-athlete has are for game competition. Student-athletes are responsible for all missed class assignments while absent. Travel letters are sent from the Office of Academic Services for Student-Athletes by request from the respective head coach.

Class Verification (No-Show Policy)

All enrolled student-athletes are required to attend each class during the first week of school to verify enrollment in the class.

IMPORTANT: Failure to verify enrollment in a class during the first week of classes could result in the course(s) being deleted from the student’s schedule, and could render the student ineligible to participate in any DSU athletics program.

Exams

When a student-athlete learns that an exam is scheduled during the time he/she will be participating in intercollegiate athletics, the student-athlete is responsible for notifying the instructor and arranging to make-up the exam or complete the exam early. The instructor should be contacted at the earliest possible date.

Dropping a Class Policy

Once a student-athlete has been advised and registered for classes, adjustments to the schedule should not be made without consultation with the athletic academic advisor and their primary academic advisor. Care must be taken to ensure adjustments do not result in loss of hours required for immediate and future eligibility. Please note: To remain academically eligible to participate in intercollegiate athletics, a student athlete's course load must not drop below 12 credit hours.

Incomplete Grades

Incomplete course grades are given at the discretion of the professor. It is the student-athlete’s responsibility to determine the professor’s expectation of what needs to be completed. IMPORTANT: Incomplete grades must be removed by the end of six weeks of the student’s next semester, otherwise the grade of -I will be changed to a grade of F.

Academically suspended students who have incomplete grades may register if incomplete grades are removed with the necessary 2.00 GPA no later than the last day of the late registration period.
Tutoring Policy

The University’s quantitative reasoning lab and writing center provides support in the following courses: English, mathematics, biology, chemistry, accounting, and foreign language.

Request for a Tutor - Procedures

A student should request via appointment plus or the student may visit the tutoring center. The quantitative reasoning lab and writing center are located at the W.C. Jason Library, 2nd floor. All tutoring sessions must be held in the W.C. Jason library, or an academic building on campus.

Academic Counselors for Student-Athletes

Every student-athlete at Delaware State University is assigned an academic advisor in his or her major. ASSA Academic Advisors serve as secondary advisors who support the role of the primary advisor. The Office of Academic Services for Student-Athletes assists all student-athletes in defining their academic/career goals, in developing an academic plan, and in assuming responsibility for the attainment of these goals. In addition, ASSA academic advisors help students-athletes resolve scheduling conflicts with class, practice, and travel. Last, the ASSA office provides guidance regarding Delaware State University and NCAA academic rules and regulations.

Student-athletes are strongly encouraged to visit both their Athletic Counselor and their major department advisor/faculty each semester before registering for classes. ASSA athletic academic advisors are located in William C. Jason Library, on the second floor.

Study Hall

Hours of Operation

- 4:00 P.M. – 7:00 P.M. Sundays
- 8:30 A.M. – 9:00 P.M. Mondays – Thursdays
- 8:30 A.M. – 4:00 P.M. Fridays

Study hall hours are reported for the week beginning on Sunday and ending on Friday. Coaches will receive an official copy of the study hall report on Monday afternoons.

Student-athletes are required to sign-in and sign-out to receive credit for study hall. FAILURE to sign-in or sign-out will result in zero credits for study hall (NO EXCEPTIONS).

Required study hours are NOT excused when a team is on the road traveling. It is STRONGLY encouraged for each team to set up study hall for those required to complete hours. Coaches should schedule a structured study sessions while on the road to ensure hours are met.

Study Hall Requirements:

Incoming freshman student-athletes and new transfer student-athletes are required to complete 8 hours per week of study hall for one academic year (fall/spring). Required hours for the new school year will be determined by the cumulative grade point average earned after the spring semester. The following study hall requirements are for those students not in their first year at DSU.

4.00 – 3.00 GPA NO STUDY HALL
2.99 – 2.60 GPA 6 hours of study hall per week
Books

Book Voucher Policy
Those student-athletes awarded book-scholarships through athletics are provided the privilege of obtaining books for required course curriculum materials.

IMPORTANT: It is a violation to purchase books for individuals other than for whom the voucher is awarded. Violations of this type, include penalties including loss of team membership, eligibility and/or scholarship support.
In addition, purchase of pens, pencils, paper, school supplies or disposable products are not permissible book voucher purchases.

Book Distribution and Return Policy

Student-athletes with book scholarships must complete the required book requests forms and vouchers through the office of compliance and are required to return all purchased books at the end of each term.
### Summer School Form

**Request for Summer School:** 20___ 1st session____ 2nd session____

**STUDENT ATHLETE SECTION:**

Name: ___________________________________________________________  
DSU ID #:______________________  
Sport: _______________________ Tuition: # of courses requesting: ______ Apprx. Cost: $__________

**Brief description of why you need to attend summer school:**

**STUDENT ATHLETE Signature: _______________________________ Date: ____________**

**Head Coach Signature: ______________________________________ Date: ____________**

**ATHLETIC ACADEMIC ADVISOR SECTION:**

Major: ___________________________________________ Required Credits: ___________ SA  
Total:______________  
Cum. GPA ___________ Class.: _____________  
DSU Exp. Grad Date: _____________

**Current transcript and completed curriculum guide w/major advisor signature must be attached (no exceptions)**

Transfer student? No____ Yes____ 2yr____ 4yr____ Transfer GPA: _______ International student? _____

**Name of Selected Courses:**

#1: ____________________________________________________________  
#2: ____________________________________________________________  
#3: ____________________________________________________________  
Total Hours Requested: ______________

Eligibility?______ Graduation?______ Pre-requisite?______ Other: (explain)

**Athletic Academic Advisor Signature: ___________________________ Date: ____________**

**Certification Specialist signature: _____________________________ Date: ____________**

**ATHLETIC ADMINISTRATION:**

Current Grant in aid: $____________ Attended summer school previously? ____ If yes, how many times? ____

__ Approved for Tuition: 1 2 3 courses(circle one) cost: $____________ acct#:____________________

__ Approved for Books: 1 2 3 books(circle one) cost: $____________ acct#:____________________

__ Approved for course fees: 1 2 3 fees(circle one) cost: $____________ acct#:____________________

__ Housing Name of Dorm: ____________________________ Room#_______

__ Meals cost: $____________ acct#:____________________

**TOTAL COST REQUESTED: $_________________ TOTAL COST APPROVED: $________________**

APPROVED:_____ NOT APPROVED:_____

**Compliance Signature: ___________________________ Date: ____________**

**AD/ designee Signature: ___________________________ Date: ____________**

**Additional Signature: ___________________________ Date: ____________**

- Approval may require the student athlete to dedicate time to the department of athletics in which a summer school work-agreement contract must be completed (see attached).
ONLY COMPLETE IF SUMMER SCHOOL HAS BEEN APPROVED

Summer School Work-Agreement Contract and Policy Agreement

Summer Session 20____  Date: ________________

Name: _____________________________________________  D#: _______________________

Sport: ______________________________  Expected Graduation Date: _________________

Cell phone #:___________________________  Email: __________________________________

I __(student athlete name)__________________________ understand and agree to the following terms in return for the DSU Department of Athletics approving to cover all or part of my summer school expenses:

• I have read the DSU Athletics Summer School Policy(attached) and agree to the terms as written
• Meet with my athletic administrative liaison prior to and throughout summer school term
• Assist as needed with select Athletic Department Summer Events (including community service)
• Assist as needed with light office administrative work in the department of athletics

My athletic administrative liaison is:

Name: _______________________________  Title: ___________________________

Office location and phone #:______________________________________________________

Approximate total work hours per week: _________________

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<thead>
<tr>
<th></th>
<th>SIGNATURE:</th>
<th>DATE:</th>
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<tbody>
<tr>
<td>Student Athlete</td>
<td></td>
<td></td>
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<tr>
<td>Athletic Administrative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liaison</td>
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OFFICIAL USE ONLY:

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<tr>
<th></th>
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<th>HOUSING</th>
<th>BOOKS</th>
<th>MEALS</th>
<th>TOTAL:</th>
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<tbody>
<tr>
<td>$</td>
<td>Yes or No $</td>
<td>$</td>
<td>$</td>
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</table>

COMMENTS:


Athletic aid is not guaranteed and is reserved for students currently on athletic scholarship.

**Conditions:**
- Students who apply for summer athletic aid must demonstrate an academic and/or financial need to receive summer aid.
- Students must apply for summer athletic aid, be approved, and submit a Summer School Agreement Contract before athletics aid is dispersed.
- Athletic Academic Advisors must present an updated curriculum guide/degree audit before final approval is granted.
- Only students on athletic aid during the current regular academic year are eligible to receive summer athletic aid.
- Students who receive summer athletic aid must be enrolled in a minimum of 3 credit hours of coursework. Students will receive aid during the summer term in which they are enrolled.
- Any students who meet the Summer Access exemption (i.e., football, men’s basketball, and women’s basketball) do not need to enroll in summer school classes to receive room and board.
- Students receiving room and board must already reside in campus housing.
- Students enrolled in summer school are REQUIRED to have an updated Graduation Plan on file.
- Students may choose to select an online course option.

**Summer School Repayment Clause:**
Students who withdraw from a summer course or receive a grade of “D” or “F” may be billed the cost of tuition for the course unless they have extenuating circumstances (i.e., unforeseen circumstances that would prohibit a student from completing a course such as a personal or family emergency).

The following conditions may result in summer school aid being billed to a student-athletes account:
1. Coursework in which a student enrolled, but for which athletics aid was not approved
2. Courses dropped after the full-tuition refund period
3. A student received a D or F grade for a course during the summer term

**Important Dates and Deadlines:**
4. February 1st - Meet with major advisor and obtain an updated curriculum guide/degree audit form
5. March 1st - Pre-register for next fall term (if applicable)
6. May 8th - Deadline to submit summer school application

Applications received after this deadline will only be reviewed in cases where a student is deemed academically ineligible after the spring term.

**Approval Process:**
Summer school applications are reviewed by the following:
- Academic Coordinator
- Certification Specialist
- Sport Coach
- Athletic Compliance
- Athletic Senior Administrator

Summer school applications will receive final approval by the Director of Athletics.
Priority:
Priority will be given to:
  • Rising Juniors demonstrating confirmed accelerated graduation plans
  • Rising Juniors or Seniors whose required coursework will allow them to graduate on time
  • Students whose required courses cannot be taken during the subsequent academic year and/or the course is a major pre-requisite

Academic Ineligibility Clause:
Athletics reserves the right to deny approval to pay for summer school courses through athletic funds, allow the coach to use other Foundation accounts, or require the student athlete to pay out of pocket. Student-athletes may be required to attend summer school under the following circumstances:
  • Student-athlete is on a team needing to meet APR benchmarks
  • Student-athlete needs summer school to become academically eligible for competition

In instances where the athletic department agrees to pay for summer school courses due to dropped courses, failed courses or repeated courses, the student athlete’s upcoming fall scholarship will be reduced by the amount paid for summer school courses.

Student athletes must agree to the terms above prior to disbursement of summer school funds.

Student Athlete Signature: ___________________________________________  Date: ________
Academic Progress Rate Explained

What is the APR and how is it calculated?

The APR, or Academic Progress Rate, holds institutions accountable for the academic progress of their student-athletes through a team-based metric that accounts for the eligibility and retention of each student-athlete in each academic semester.

The APR is calculated as follows:

- Each student-athlete receiving athletically related financial aid earns one point for staying in school and one point for being academically eligible.
- A team’s total points are divided by points possible and then multiplied by 1,000 to equal the team’s Academic Progress Rate.
- In addition to a team’s current-year APR, the rolling four-year APR score is used to determine post-season eligibility.
- Only applies to athletes on athletic scholarship
- Each scholarship athlete can earn two (2) points per semester: E-pt. / R-Pt.
- Generally resulting in a total of 4-points per academic year: 2-E-pts and 2 R-pts

Teams must earn a four-year average APR of 930 to compete in championships.

While the APR is intended as an incentive-based approach, it does come with a progression of penalties for teams that under-perform academically over time.

The first penalty level limits teams to 16 hours of practice per week over five days (as opposed to 20 hours over six days), with the reduced four hours to be replaced with academic activities.

The second level adds additional practice and competition reductions, either in the traditional or non-championship season.

The third level features a menu of possible penalties, including coaching suspensions, financial aid reductions and restricted NCAA membership. The Division I Committee on Academics has the discretion to apply appropriate penalties once teams have fallen below the benchmark for three consecutive years.

While postseason bans are commonly applied as a penalty in the NCAA enforcement process, they are not considered as a penalty for poor academic performance. Instead, the requirement that teams achieve a minimum APR is simply a benchmark for participation in championships. Just as teams must win in competition to be eligible for championships, they must also achieve in the classroom.
Faculty Athletic Representative (FAR)

Pursuant to NCAA Bylaw 6.1.3:
A member institution shall designate an individual to serve as Faculty Athletics Representative. An individual so designated after January 12, 1989, shall be a member of the institution’s faculty or an administrator who holds faculty rank and shall not hold an administrative or coaching position in the athletics department. The member institution shall determine duties of the Faculty Athletics Representative. (Adopted: 1/11/89) NCAA Handbook.

The Faculty Athletics Representative (FAR) provides oversight and advice in the administration of the intercollegiate athletic program. The FAR is appointed by the President and will serve a two-year term. The FAR will serve as the liaison between student-athletes and the faculty at large. Other duties performed by the FAR include:

1. Oversight of the academic integrity of the athletic program
2. Assurance of the welfare of student-athletes
3. Monitor academic performance of student-athletes
4. Member of the academic appeals committee
5. Oversees the administration of support services for student-athletes
6. Advisor to the President on matters of academics as they relate to the athletic program.

DSU STUDENT-ATHLETE ADVISORY COMMITTEE

The student-athlete advisory committee (SAAC) is a committee made up of student-athlete representatives from each team assembled to provide insight on their experience. The SAAC also offers input on the rules, regulations and policies that affect student-athletes’ lives on NCAA member institution campuses. NCAA legislation mandates that all member institutions have SAACs on their respective campuses.

Mission Statement

The purpose of the Delaware State University Student-Athlete Advisory Committee (DSU SAAC) is to foster a unified forum, which provides equal and representative dialogue from student-athletes relating to NCAA and Conference legislation as well as other issues that affect their welfare. Further, this committee would strive to maintain a positive environment that cultivates a healthy relationship between the athletic administrators and the student-athletes. The Committee is dedicated to maintaining a positive commitment to support and value diversity and equity among student-athletes.
Structure/Organization
The DSU Student-Athletes Advisory Committee (DSU/SAAC) shall consist of at least one representative from each sport team and athletic personnel that will serve as advisor. The committee will have liaison each from the Director of Athletics, Senior Woman Administrators Committees and a direct line of communication to the Faculty Athletics Representatives as appropriate.

Membership Requirement
DSU Coaches may nominate any student-athlete(s) who practices or competes (except non/partial qualifiers, who will not be eligible to serve on the DSU/SAAC during the first year of residence) in a varsity, NCAA sponsored sport to serve as the SAAC representative for each sport team.

Responsibilities
♦ Review and/or make recommendations on potential or proposed legislation to be discussed at the NCAA Annual Convention. Review DSU regulations (current and proposed) related to student-athlete welfare;
♦ Review academic and sports issues (e.g., championships, missed class time, awards, community outreach, marketing and promotion of sports);
♦ Discuss student-athlete topics with institutional committees, athletics administration and non-athletic advisors.

Coaching Staff
As coaches, your leadership is extensive. A coach’s role extends beyond teaching the fundamental skills required to affectively achieve.

As DSU coaches, we must develop the whole person. We are an integral part in the growth of young men and women.

Head Coaches
Head coaches are responsible for the total operation of their sport program(s): practices, facilities, equipment, budget, public relations, recruiting, administrative duties, academic performance, etc. Actions and or behaviors that jeopardize the University’s reputation and well-being or violate established NCAA, athletic conference, University or athletic department rules/regulations/policies may result in termination of employment.

Coaching Code of Ethics
Regarding student-athletes and the University:
  ▪ The welfare of student-athletes will always come first. Coaches are expected to maintain a professional relationship with their student-athletes at all times.
  ▪ The rules of the particular sport being played will be observed at all times.
  ▪ Coaches must instill in their student-athletes the importance of exhibiting sportsmanship at all times.
  ▪ Coaches shall always remember that their players are student-athletes and not make demands upon them that are inconsistent with institutional, conference and national governing body rules or in any way compromise the student-athletes’ academic pursuits.
  ▪ Discriminatory practices based on race, color, religion, sexual orientation, age, national or ethnic origin, or qualified handicapped or disabled persons by coaches or anyone else will not be tolerated.
  ▪ Coaches must uphold drug and alcohol use policies established by the University, athletic conference, and the NCAA.
  ▪ Coaches are expected to behave in a manner that brings credit to their profession, the institution they work for, and themselves.
  ▪ Professionalism in the way coaches express themselves, dress and act is expected at all times.
  ▪ Coaches shall act in full accordance with institutional, conference or governing body rules.
  ▪ Coaches shall immediately report any violation of conference or, state, University governing body rules.
  ▪ Dissatisfaction with institutional, conference and national

Governing body rules shall be addressed through the proper channels and not through media or through public opinion.
Official Season

The period for an official season shall be from the first day of official practice until the end of post-season competition involving the particular team. A Declaration of Length of Playing Season NCAA form (Appendix I) must be completed and returned to the Compliance Coordinator before the start of the season or semester, whichever is earlier.

Official Practice

Coaches are to submit in writing to the Compliance Coordinator when official team practice begins using a Declaration of Length of Playing Season NCAA form.
Once official practice begins, coaches are to attend at all practice sessions.
Arrangements are to be made with the athletic training staff for physical exams and screenings before official practice begins. Screenings and physicals are scheduled in advance.
Any student-athlete practicing on his or her own and not under the supervision of the coach is not eligible to be covered under the athletic medical insurance policy of the institution.
Teams are not to organize and conduct informal practice sessions on their own. A coach must be present at all official practice sessions.

Practice

Coaches are to attend all practice sessions. A designee may cover a practice session, but the Office of Compliance should be notified ahead of time when this occurs so that arrangements can be made to have proper personnel in attendance.
Coaches and student-athletes will be excused from practice sessions or contests that occur on religious holidays, if they so desire.
Coaches will be responsible for scheduling practice facilities for their sport through the Assoc. AD-facilities and home events. Times and places for practice will be reviewed and updated weekly via ARMS and all schedules are expected to be followed.
Practice Logs must be completed, and submitted to the office of compliance each month via ARMS specifying the permissible 20 hours per week and indicating the required day off during the week for regular season, per NCAA rules.
Practice logs must be completed and submitted to the office of compliance for any NCAA permissible off-season or individual workouts.

Team Rules and Regulations

Each coach is responsible for the establishment and enforcement of team rules and regulations in accordance with University, Athletic Department, Athletic Conference, and NCAA guidelines. Each coach is responsible for this information, and will submit a copy of his/her team rules and regulations annually to the Sr. Associate AD/SWA prior to the start of the academic year.

Roster Size

Each men’s sport program has an annual maximum roster and each women’s sport program has an annual minimum roster.

Head coaches shall place a student on the team roster if the student: (a.) is receiving the institutionally sponsored support normally provided to student-athletes (e.g., coaching, equipment, medical and training room services); (b.) is participating in organized practice sessions and other team meetings and activities; or, (c.) cannot practice because of injury but continues to receive athletic financial aid.
A team’s traditional season is the season which culminates in an NCAA championship.

Any deletions to a team roster must be provided in writing to the Sr. Assoc. AD-Compliance with the date and reason(s). All deletions must be reported within 48 hours.

A student-athlete is not eligible for practice until the compliance officer certifies eligibility, and the Head Athletic Trainer medically clears the student-athlete.

The head coach must document each student-athlete's daily participation in the CARA (Countable Athletically Related Activity) weekly log and each student-athlete must sign certify his/her participation. The practice logs must be updated in ARMS on a weekly basis.

Failure to comply with these policies is an NCAA and employment agreement violation.

**First Aid and CPR Certification**

All DSU coaches are required to be certified annually in First Aid and CPR. Certification training will be arranged by the Head Athletic Trainer.

**NCAA Recruiting Test**

All DSU coaches must successfully complete the NCAA Coaches Certification Exam, annually before being certified to recruit off-campus. This exam is administered annually by the Compliance Office.
Student Athlete Code of Conduct

Philosophy
Your participation in the DSU athletics program is considered a privilege, not a right. As a DSU student-athlete, you are expected to conduct yourself with honesty, pride, sportsmanship, and integrity at all times.

Code of Conduct
Your behavior as a student-athlete is subject to the DSU Student Conduct Code while you are on University premises and/or when you are involved with off campus University activities. Because of the high visibility of student-athletes, this expectation is further extended to the public arena. The Department of Athletics will review violations of misconduct of the Student Conduct Code from the Division of Student Affairs and may apply additional sanctions.

Student-athletes are subject to all rules and regulations that are required for individual participation on a specific team. While those rules may be specific to each team, they are presented to the student-athlete by the coaching staff with the full support of the Athletic Department.

In the case of behaviors that involve formal criminal charges by a law enforcement agency, the student-athlete(s) may be placed on suspension from intercollegiate athletics until the proceedings of the incident are completed.

In the event a student-athlete is charged with a felony, he or she may not be permitted to represent the university in competition until the charge(s) is/are resolved and all court, University, and Athletic Department conditions for reinstatement are met.

A student-athlete charged with a misdemeanor offense will have his/her case reviewed by the Director of Athletics or designee. Interim disciplinary actions may be invoked by the athletics administration.

Participation on an athletic team representing DSU is a privilege with attendant responsibilities and expectations.

a. Student-athletes and coaches must conduct themselves with character and integrity
b. Fair play and good sportsmanship are expectations in the pursuit of athletic excellence.

c. Respect for the intrinsic dignity and worth of all persons, regardless of race, ethnic origins, religious preference, sexual orientation or gender, is to be acknowledged.

d. Physical abuse (including team members, opposing coaches, players fans and officials), on or off the field of play, will result in disciplinary action.

e. The illegal use or sale of controlled substances is prohibited.

Academic Responsibilities
Academic responsibilities are considered the highest priority of student-athletes attending DSU. The Department of Intercollegiate Athletics supports the academic mission of the University; therefore, student-athletes are required to do the following:

a. Adhere to all class attendance requirements. Attend appropriate tutorial sessions and meetings with the academic advisor. (NCAA rules stipulate that no classes are to be missed to attend practices or off-season athletic events.)

b. Complete all class assignments and take all course examinations as required for successful completion of academic work.

c. Understand and comply with the academic regulations of the University as described in the Student Handbook, including the academic dishonesty policy.

d. Communicate to appropriate parties in a timely manner when an academic and/or athletic conflict occurs.

e. Take full responsibility for monitoring one’s satisfactory progress. This may include seeking assistance from the academic advisor, professor or coach to make leaders aware of any diagnosed Learning Disabilities or Individualized Education Programs (LD’s or IEP’s).
Athletically Related Financial Aid
Student-athletes are **required to file a FAFSA every year**. Athletic grant-in-aids are awarded for a one-year period. Renewal of athletic aid is the prerogative of the Head Coach. Student-athletes have the right to appeal to the Financial Aid Committee (who receives notification of athletic aid reduction for non-renewal).

**Medical Responsibilities**
Participation in athletics at DSU is contingent upon medical clearance by the Athletic Training Staff. In addition, the following obligations are conditions for participation:

a. Student-athletes are **required** to show evidence of proper medical insurance and provide a medical history;
b. Student-athletes are **required** to communicate all necessary health prescriptions as requested by the medical personnel;
c. Student-athletes are **required** to take responsibility for their physical and mental health. This includes a review of personal practices as well as requesting medical assistance when necessary.

**NCAA and Conference Responsibilities**
All student-athletes are required to adhere to applicable NCAA and conference rules as addressed in the NCAA Student-Athlete Statement, which is administered annually. This includes those activities relative to the student-athlete’s role as a prospective student-athlete (PSA), recruited student-athlete, and amateur.

**Disciplinary Action and Rights of Appeal**

a. Student-Athletes are expected to follow their coaches’ instructions regarding practice, discipline and team matters. Coaches may levy sanctions for a student-athlete’s failure to comply with any of these stipulations.

b. Disciplined student-athletes retain the right to appeal decisions they perceive as unfair to the Office of Compliance. The final level of appeal is made to the Faculty Athletics Representative.

**Sexual Harassment and Consensual Relationships**
Delaware State University is committed to protecting the rights of its faculty, staff and students to ensure that policies and procedures are implemented in complete fairness and within the full scope of the law. Title IX of the Education Amendments of 1972 protects people from discrimination based on sex in education programs or activities which receive Federal financial assistance. Title IX states that:

*No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.*

The Office of Civil Rights (OCR) has investigated and worked with recipients to resolve many kinds of civil rights problems, including the following:

- Acts of sexual misconduct, including sexual assault or sexual discrimination
- The provision of less than a fair share of funds for athletic scholarships to females
- Inequitable pay for female teachers holding similar teaching positions to those held by male counterparts, and
- Discrimination against female students on the basis of pregnancy

**CONFIDENTIALITY**
Conversations with coordinators are kept as confidential as possible, but information about incidents of sexual misconduct must be shared with relevant administrators if the University needs to take action for reasons of community safety. In all cases, the wishes of the person initiating the conversation are given full consideration.

If you wish additional information about Title IX, or a copy of the regulations which detail the requirements of Title IX, write or phone the OCR enforcement office which serves your state or territory, or contact the DSU Title IX Coordinator.

**TITLE IX COORDINATOR**

Candy Young
Title IX Coordinator
Student-Athlete Grievance and/or Harassment Procedure
The Department of Intercollegiate Athletics is committed to an environment that values non-discrimination, equal opportunity, and respect for all individuals and groups without regard to sex, race, religion, color, age, national origin, sexual orientation, or handicap/disability. To provide fair and equitable treatment in all areas related to student-athlete welfare, Delaware State University student-athletes will receive equitable and expedient complaint resolutions specific to their sport environments. Such complaints may be related, but not limited to, abusive behavior, harassment (including sexual), or hazing, by a coach, athletic department staff member, or student-athlete. Sexual harassment represents unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

Any student-athlete may lodge a complaint with the Office of Compliance by completing a Grievance Form and meeting with a compliance officer/administrator. This preliminary discussion will serve to collect relevant information about the complaint. After the preliminary discussion with the student-athlete, the compliance officer will determine if the complaint merits further investigation (i.e. by the athletics department or another campus entity). If the complaint is believed to lack merit, the compliance officer will provide direction for the student’s concern about possible next steps of resolution. If the student is not satisfied with the direction provided by the administrator, he/she may request the complaint be heard directly by the Faculty Athletics Representative (FAR) who is empowered to provide recommendations for resolution.

If the complaint proves to have merit, the student-athlete must provide a written statement to the compliance officer describing the situation. A fact-finding review of the grievance will follow:

- The compliance officer will notify the AD, SWA and FAR that a fact-finding review will commence.
- The compliance officer will meet with the student-athlete to insure all case-related information and documentation are submitted.
- The compliance officer will meet with individuals who may have additional knowledge concerning the matter (Fact-Finding Review).
- Comments and documents provided will be treated, to the extent possible, as confidential.
- After conducting the fact-finding review, the compliance officer will notify all relevant parties of findings and next steps.
- The compliance officer will submit all fact-finding documentation to the FAR who, if warranted, is responsible for conducting the actual investigation. The FAR may decide to notify other applicable University units (e.g. Title IX, Campus Police, Judicial, General Counsel, etc.). The FAR is selected by and reports directly to the University President.
- The FAR’s investigative case findings and recommendations will be in writing, and the student-athlete grievant will be apprised of the results. A copy of these findings will be provided to and filed within the office of compliance. If applicable, findings will be reported to the DSU Student Judicial Board if actions are in violation of The Code of Students Rights, Responsibilities and Conduct; the Office of Equal Opportunity and Disability Services; Title IX; General Counsel; and/or the University President. Further measures may be taken by either of these entities.

Retaliation against an individual seeking advice on a grievance matter or harassment claim, reporting a grievance or harassment act, or participating in an investigation of the proceedings of a grievance or harassment matter are prohibited.
### STUDENT-ATHLETE GRIEVANCE FORM

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**Individuals Involved:**

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**Factual Description of Incident (please attach legible documentation)**

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**Signatures**

**Person filing grievance**

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**Compliance Officer**

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**Faculty Athletic Representative**

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**AD/SWA or Designee**

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**Office of Compliance Use Only**

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<th>If no, explain next steps</th>
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Please check the appropriate box:

- [ ] I have received resolution to the matter and accept the decision as presented:
- [ ] I am in need of additional resolution and request the following action(s):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Signature: ___________________________ Date: _________________
Dealing with Sexual Harassment:

**Staff Members**
Use discretion when alone with a student-athlete, and try to have another coach or supervisor present.
Do not touch a student-athlete outside of necessary touch to teach a skill.
Do not drive alone with a student-athlete.
Stay in separate sleeping quarters when traveling for athletic events.
Educate your student-athletes about sexual harassment and encourage them to talk to you if anyone makes them uncomfortable.
Document any behavior by students directed toward you that is sexual in nature.
Include witnesses, how you dealt with the situation, and whom you talked to about the situation.
Tell your athletic director about any accusations.
Educate student-athletes about what sexual harassment is, providing quality examples, and about who the dedicated Title IX person is that they should contact in such case.

**Students**
*If you believe you are being sexually harassed:*

Tell someone-Seek support from a friend, colleague, or counselor. Tell your parent, athletic director, or a teacher that you are being harassed.
Keep records-Keep a written record of what happened and when. Include the date, time, place, and names of people involved, witnesses, and who said or did what to whom.
Say "No" to the harasser-Tell the harasser verbally and non-verbally, his or her behavior is unwelcome and you want it to stop. Be as direct as you can.
Take personal action-Report the harassment to the appropriate school official (Title IX Officer; Director of Judicial Affairs).
Be confident-Nobody deserves to be the target of sexual harassment. Take necessary steps to eliminate the abuse and seek guidance from University or governmental officials.
Report the incident to the Title IX Officer at the University.
Department of Intercollegiate Athletics
COMPLIANCE

Delaware State University, by virtue of its membership in the National Collegiate Athletic Association (NCAA) and the Mid-Eastern Athletic Conference (MEAC), is responsible for ensuring compliance of all constituencies (i.e. university staff, student-athletes, alumni, fans, boosters and friends) with NCAA and MEAC rules and regulations. Under NCAA rules, parents, alumni, fans and friends may be defined as representatives of athletics interests.

Delaware State University strives for academic and athletic excellence. Pursuant to that goal is an on-going commitment to ethical conduct by all members of its staff and supporters.

A Compliance Checklist

Extra benefits (as defined by the NCAA) include any special arrangement by an institutional employee or representative of athletics interest to provide a student-athlete a benefit not expressly authorized by NCAA legislation. Receipt of such a benefit is not considered an NCAA violation if that same benefit is generally available to the institution’s students or their relatives and/or friends or to a particular segment of the student body determined on a basis unrelated to athletics ability.

Booster Prohibitions:

- A booster is prohibited from making in-person, on-or off-campus recruiting contacts, or written or telephone communication with a prospect or the prospect’s relatives or legal guardians.

- In addition, a booster is prohibited from contacting any enrolled student-athlete at another institution for the purpose of encouraging transfer to Delaware State University and participation in its athletics program.

- A booster is prohibited from contacting the prospect’s coach, principal or counselor for the purpose of obtaining information about the prospect.

- A booster is prohibited from picking up film or transcripts from the prospect’s educational institution.

- A booster is prohibited from entertaining a prospect and/or relatives and friends of a prospect at any site, either on-or off-campus.

- In addition, a booster is prohibited from providing tickets at no or reduced cost to any Delaware State home or away athletic or non-athletic event for prospects, their relatives or friends.

- A booster is prohibited from paying or arranging for transportation for a prospect and/or relatives and friends of a prospect to visit campus.

A Booster May:

- A booster is permitted to alert the Delaware State coaching staff of a prospective student athlete.

- A booster is permitted to attend high school or community college athletic(s) events without having contact with prospects or relatives and/or friends.

- A booster is permitted to continue established family relationships with friends and neighbors, as long
as they are not made for recruiting purposes.

- A booster is permitted to have a telephone conversation with a prospect ONLY if the prospect initiates the call. However, the booster is not permitted to have a recruiting conversation with the prospect and an institutional staff member cannot prearrange the call.

EMPLOYMENT RULES FOR BOOSTERS:

Delaware State University ask that all boosters, prior to employing or arranging for the employment of a prospect or enrolled student-athlete, check first with the Delaware State Athletics Compliance. The department is permitted to make arrangements for summer employment for prospects prior to their enrollment as freshmen and to enrolled student-athletes during summer and semester breaks. Accurate record keeping must be maintained regarding employment.

Regarding Employment
- A booster is prohibited from providing employment transportation for prospects or student-athletes unless such transportation is available to all employees.
- A booster is permitted to pay student-athletes employed for work actually performed and at a rate commensurate with the going rate for similar services in the community or business.
CARA Logs
Due: Weekly – every Monday
To: Office of Compliance
CARA logs record a team’s weekly and daily hours practiced, competed, and conditioned during their playing season and their outside of playing season segments for the entire academic year (excluding summer and preseason).

Processing of CARA logs:
1) Coaches are trained on usage of the ARMs workflow software system
2) All sports – in season and out of season (including winter break) – have to complete CARA logs
   a. If a sport had no CARA, a log has to be submitted stating “no CARA” indicating the time period that it applies to.
3) On the form, the team’s roster of all active student-athletes who are allowed/cleared to participate in CARA, have to be listed on the bottom in the “Current Roster” section.
4) All dates have to be entered for each week day of the respective week.
5) Check if 20 hours or 8 hours period is circled – refer to Playing and Practice season reports
   a. 20 hours: Check for daily (4hrs) and weekly (20hrs) practice limitations, and one day off per week.
   b. 8 hours: Check for daily and weekly (8hrs) practice limitations, two days off per week and a maximum of 2hrs per week of skill instructions.
6) Student-athletes who do not participate in regular CARA, due to injury, ineligibility, rehab etc., have to be listed on the second page of the CARA logs.
7) Obtain signature from Assoc. AD for Compliance.
8) Scan each sport’s CARA log by month and save on shared drive under respective sport’s CARA folder and current year.
9) File CARA logs in sport’s respective binder under CARA logs.

Weekly Practice Attendance Logs
Due: Weekly – Mondays (during Championship segment only – refer to Playing and Practice season declaration)

To: The Office of Compliance
Weekly practice attendance logs record the attendance of all student-athletes for each practice held during a week.

Processing of Weekly Practice Attendance Log:
1) Weekly practice attendance logs have to be submitted to the Office of Compliance via the ARMs system for all sports that are in their Championship segment (in playing season).
2) Check that the listed roster on the log is congruent with the active student-athlete roster in CAi.
3) Check that all dates are entered at the top of the log for each week day as well as that the specific week and name of the sport is recorded at the bottom.
4) Check that each day (including practice day, off-day, competition day) a student-athlete and coach have initialed and signed the log.
5) Reviewed by the office of compliance.

Travel Squad Form
Due: 24hrs before departure to any away-from-home game/tournament
To: The Office of Compliance
The Travel Squad form records the entire travel party travelling to an away-from-home competition. This includes student-athletes, coaches, trainers and managers. The travel size party may not exceed limitations stipulated in the Head Coach’s operational budget covenant.

Processing of the Travel Squad Form:
1) Review competition schedules on a weekly basis to anticipate travel squad form submissions.
2) Review the form for completeness.
   a. Header information must be complete.
b. Form is signed by Head Coach.
3) Reviews the entire travel party to make sure only eligible student-athletes for competition are listed on the form – compare to CAi roster.
4) Approved through the ARMS system
5) Scan travel squad form and save on shared drive in the Travel folder under the respective sport’s current year’s folder
6) File travel squad form in respective sport’s binder under Travel Squad tab.

MEAC Participation Rosters
Due: All other sports than Football: Monthly – last Friday of the month
   Football: Weekly (during Championship segment only) - Tuesdays
To: MEAC Office – email compliance@themeac.com

The MEAC participation rosters are due monthly MEAC conference office on the last Friday of the month for a specific time period set forth by the Conference Office on the MEAC Compliance Calendar (i.e. Jan 23 – Feb 19) for every sport except Football.
   *** Football is due weekly on Tuesdays, only during their Championship segment and “spring ball” segment. ***
The participation roster records the participation of each student-athlete on a specific team and his/her participation in competitions.

Processing of MEAC Participation roster for all sports other than Football:
1) Send a reminder email one week prior to when the reports are due to all head coaches and their respective assistant completing the forms.
   a. Set the due date to the Office of Compliance to the Tuesday before the Friday it is due to the Conference Office
2) All sports – in season and out of season – have to complete the participation rosters
3) On the form, the team’s roster of all active student-athletes has to be listed (including jersey numbers for certain sports).
4) In the “Date,” row all (and only attended) competition dates have to be listed for the requested time period.
5) In the “Contest” row, the contest name/opponent has to be listed.
   a. Compare contests listed on MEAC participation roster to their official schedule to make sure they all contests are accounted for.
6) For all students and each contest a Y=yes or N=no has to be selected to indicate if that student-athlete participated in that single contest/competition.
7) Obtain all signatures
8) Enter participation for each student into CAi under the “Sport” tab.
   a. Make sure the right sport is selected for the student (i.e. multi-sport athletes)
   b. Check “Participated in varsity contest” for all student-athletes that have one or more “Y” recorded on the participation roster – Click “Save”.
9) Scan each sport’s participation roster and save on shared drive under respective sport’s participation folder and current year.
10) File participation rosters in sport’s respective binder under MEAC participation.
11) Forward to the conference office

Processing of MEAC Participation roster for Football:
1) Send a reminder email Monday prior to the Tuesday due date to all head coaches and the respective assistant completing the forms.
2) On the form, institution name, competition date and opponent name have to be entered.
3) All players that participated in the named competition have to be listed including their jersey numbers.
4) Obtain all signatures
5) Enter participation for each student into CAi under the “Sport” tab.
   a. Make sure the right sport is selected for the student (i.e. multi-sport athletes)
   b. Check “Participated in varsity contest” for all student-athletes that have one or more “Y” recorded on the participation roster – Click “Save”.
6) Scan participation roster and save on shared drive under respective sport’s participation folder and current year.
7) File participation roster in sport’s respective binder under MEAC participation.
8) Forward to the MEAC conference office

**Championship Entry Forms**

Due: According to MEAC Compliance Calendar before a sports’ (MEAC) Championship
To: MEAC Office – email to compliance@themeac.com

The Championship Entry form identifies the student-athletes who will be travelling to and participating in the championship of a sport.

**Processing of the Championship Entry form for sports other than Tennis:**

1) Send a reminder email one week prior to when the form is due to the MEAC office to the head coach and the respective assistant coaches completing the forms.
   a. Set the due date to the Office of Compliance to 3 business days before it is due to the Conference Office.
2) Check that all header information was entered correctly.
3) Review
   a. all participants names are listed on the roster are in alphabetical order,
   b. all student-athletes listed are eligible to compete and travel,
   c. that the past season(s) used are correct – compare to CAi,
   d. that (on-field/court) classification entered is correct – compare to CAi,
   e. that squad size does not exceed limitations set forth by the NCAA and MEAC.
4) Obtain all signatures
5) Scan Championship entry form and save on shared drive under respective sport’s entry form folder and current year.
6) Forward to the MEAC Conference office
7) File Championship Entry form under MEAC participation roster tab in respective sport binder.

**Processing of the Championship Entry form for Tennis:**

1) Send a reminder email one week prior to when the form is due to the MEAC office to the head coach and the respective assistant coaches completing the forms.
   a. Set the due date to the Office of Compliance to 3 business days before it is due to the Conference Office.
2) Check that all header information was entered correctly.
3) Review that all student-athletes listed are eligible to compete and travel – review in CAi
4) Obtain all signatures
5) Scan Championship entry form and save on shared drive under respective sport’s entry form folder and current year.
6) Forward to office of compliance
7) File Championship Entry form under MEAC participation roster tab in respective sport binder.

**Senior/Academic Recognition Form**

Due: According to MEAC Compliance Calendar along with Championship Entry form
To: MEAC Office – email to compliance@themeac.com

With the Senior/ Academic Recognition form, the MEAC recognizes all student-athletes (Sophomores – Seniors) who have obtained a cum. GPA of 3.0 or higher.

**Processing of Senior/Academic Recognition Form:**
1) Send a reminder email one week prior to when the form is due to the MEAC office to Assoc. AD for Academic Services and Athletic Academic Advisor completing the forms.

2) Enter header information.

3) List all student-athletes listed have attended the institution for a minimum of one academic year (including transfer student-athletes) and have earned a cum. GPA of 3.0 or higher – compare to data in CAi and Banner.

4) Confirm that all student-athletes marked as “Yes” in the Senior Recognition column are Senior on the field/court. – Compare to CAi

5) Obtain all signatures

6) Scan Senior/Academic Recognition form and save on shared drive under the current year’s Senior/Academic Recognition folder

7) Email Senior/Academic Recognition along with the entry form to MEAC Office and cc Assoc. AD for Compliance (see above)

8) File Senior/Academic Recognition form in the respective sport’s binder under Senior/Academic Recognition tab.

**MEAC Competition Change of Date Form**

Due: When a Competition Change of Date is needed

To: MEAC Office – Sonja Stills (stillss@themeac.com)

This form has to be completed when a change of the date of competition occurs other than due to extreme weather inclement. To make this form valid, both teams’ Athletic Directors have to sign the form.

**Processing of the MEAC Competition Change of Date Form:**

1. Form has to be completed in its entirety by the Head Coach and submitted to the Office of Compliance.  
2. After obtaining the AD’s signature, the form will be sent to the opponent’s AD for signature.  
3. After obtaining both Athletics Directors’ signatures, the form will be submitted via email to the MEAC Conference Office for the Commissioner’s approval.  
4. After receiving notice, that the change of date of competition has been approved, notice will be given to the Sports Information Department to make the change on the official published schedule.

5. The form will be filed in the respective sport’s binder under the Playing & Practice Season tab.

**In-Playing Season Reconciliation (For Office of General Council)**

Due: Within 7 days of the last countable day of competition

To: Office of General Council (OGC)

**How to close out a season of competition for each sport:**

1. Review all documents for continuous records.
2. Request any missing forms or documents from the coaches to submit to Office of Compliance as soon as possible.
   a. Obtain missing signatures from Compliance staff, scan signed forms and save on Athletic Compliance shared drive under respective folders and file in respective sport’s binder.
3. Print off final eligibility check list and squad list from CAi → Standard Reports and obtain Compliance staff signature.
4. Print official schedule and scan to be saved on Athletics Compliance shared drive in the respective sport’s Playing and Practice Season folder.
5. Draft email to OGC and attach the entire season’s
   a. CARA logs,
   b. weekly practice attendance logs,
   c. MEAC participation logs,
   d. initial and final squad lists,
   e. initial and final eligibility checklists and
   f. schedule.
6. Send email to OGC and cc Compliance to the email.
RECRUITING

NCAA DI Coaches Certification Recruiting Test
The annual Coaches Recruiting Exam is conducted by the Office of Compliance during the months of May through July (i.e. after the new test has been released by the NCAA). Coaches are notified when the new practice test becomes available and receive the link and any new recruiting legislation pertaining to their sport in an email. Coaches are informed that they are not able to participate in any off-campus recruiting after July 31st of the current year until they pass the certification for the upcoming year.

1. Coaches are certified individually or in groups by the Office of Compliance. The Office of Compliance administers the timed online test.
2. The Office of Compliance completes the Division I Certifying Administrator Form and sends a copy via email to the MEAC Office as well as maintains a copy for their record.
3. If a coach does not pass the test, he/she may retake the test after 30 days.

Contact/Evaluation and Phone Logs (All forms are online)
Due: Monthly – on the 1st of the following month
To: Office of Compliance
The recruiting logs record each coach’s off campus recruiting as well as in-person and phone contact with a PSA according to NCAA bylaw 13.1 and its respective provisions.

Processing of the Contact/Evaluation and Phone Logs:
1) There are different types of online forms of recruiting logs
   a. Phone Logs for:
      i. Football
      ii. Men’s Basketball
      iii. Women’s Basketball
      iv. Sports Other Than Football and Basketball
   b. Contact/Evaluation logs for:
      i. Football
      ii. Men’s Basketball
      iii. Women’s Basketball
      iv. Sports Other Than Football and Basketball
   c. No Contact log: Used by all sports
2) Send a reminder email one week prior to when the logs are due to the Office of Compliance to all head coaches and the respective assistant coaches completing the forms.
3) Online forms are due every 1st of the following month to the Office of Compliance.
4) Coaches will complete respective forms via ARMS
5) The Office of Compliance will then process the recruiting logs and activate PSAs on respective sports IRL or request more information to do so.

Permission to Contact Requests, Release Letters and Transfer Tracers

Permission to Contact Request
1. When a Coach would like to contact a student-athlete at a different institution, DSU institutional policy is to request Permission to Contact Request via the NCAA Transfer Portal or direct request to the Office of Compliance.
2. Once the Permission to Contact request has been granted and the signed letter has been received, coach is notified to move forward with contact.
Notice of Intent to Transfer:
Notice of Intent is granted to a student-athlete to be released of his/her athletic responsibilities and transfer from DSU to a different institution. To be granted full release, a student-athlete has to meet NCAA and institutional transfer requirements.
For Academic Progress Rate (APR) purposes, the Athletic Department does not guarantee transfer release to any student-athlete that may wish to transfer and does not have at least a 2.6 cumulative grade point average.

FINANCIAL AID
NCAA Student-Athlete Opportunity Fund (Special Assistant Fund) Application Form
Due: Every 5th of the month – if applicable (September – April)
To: MEAC Office – email to finance@themeac.com
The Special Assistant Fund (SAF) application may only be utilized for the permissible uses on the SAF – Use of Funds form and/or as approved by the Director of Athletics/SWA.

Student-athletes receiving SAF checks (MEAC checks) must:
1. Be active and eligible to compete,
2. Returners only: must have turned in receipts for the previous academic year
3. Complete an SAF application form with the Office of Compliance and
4. Return itemized receipts in an envelope labeled with the student’s name, sport and SID number.
5. All receipts must be turned in by the date set forth by the Office of Compliance.
6. The purchase date in the receipts that are submitted must be dated no later than July 1st of the current academic year.
7. Upon receiving the student’s receipts, the Office of Compliance sends an official email notice as proof that he/she has turned in the SAF receipts (which is not guaranteeing the SA to receive a check the following academic year)
   a. The Compliance Office prints the email notice and file in the student’s individual folder.

To receive reimbursements, the student-athlete also must:
1. Complete an SAF application form
2. Present receipts (i.e. professional testing) in advance before obtaining the AD’s/ SWA’s signature and submitting the application to the conference office.

A student-athlete is not eligible to receive an SAF check:
1. If receipts are not turned in by the deadline set by the Office of Compliance
   a. The athletics department will place a charge on the student-athletes account for the dollar amount of the check or missing receipts.
   b. The student will not be eligible to receive funds for the following academic year.
2. If the student-athlete missed more than 4 weeks of study hall
3. If they did not earn the APR eligibility point for the past semester or are not on track to earn the APR eligibility point for the current semester.
   a. In that case check will be held until eligibility point was secured.

Processing of SAF Application Form:
1. Student-athlete completes application header information (name, SID, institution, sport), signs and dates the bottom of the application in the box for student-athlete signature.
   a. For reimbursements: student-athlete submits receipt(s) and Compliance Office attaches receipt to the application form.
2. Compliance Officer checks appropriate box(es) for purpose of the fund, enters the amount requested on the item line as well as on the total amount requested line.
3. Compliance Officer checks appropriate box(es) for Pell Grant and Grant-In-Aid information – compare to CAi and Banner records.
4. Form is submitted to the Administrative Assistant to the AD to obtain AD’s signature.
5. All applications ready to be submitted to the MEAC Office have to be logged on the current *DSU SAF Excel tracking sheet* in alphabetical order for each submission date (Excel form initially sent by the MEAC Office).

6. Scan all SAF applications to a PDF and attach to email; also attach DSU SAF tracking sheet to email.
   a. For reimbursements: scan application form only, receipt is for Office of Compliance records only.

7. Sent email to finance@themeac.com and cc the Compliance staff.

8. Keep all submitted applications in student-Athlete Opportunity Fund folder (yellow folder) until SAF checks were processed, sent and arrived at the Office of Compliance.

9. Double check all checks sent by the MEAC Office against the names submitted, and match the checks + application signed by Commissioner with the original applications.

10. Pull out any checks for student-athletes that are no longer on the team and/or the institution or have missed more than 4 weeks of study hall.
   a. Void all checks, place voided checks in envelope and sent to the MEAC Office (Attn: Mike Brown) to have the money put back into DSU SAF account.
   b. Sent an email to Mike Brown (finance@themeac.com) to alert him about the void checks.

11. Put on hold any checks for student-athletes that are academically ineligible, not on track to earn the APR eligibility point, are on academic probation or walk-ons for a spring sport.

12. Sent out email to all student-athletes reminding them of the SAF policy, setting a due date for the pick-up of the check and turning in their receipts. – cc Associate AD of Compliance and coaches.

13. Upon pick-up of the SAF check by the student, have the student sign the bottom of the *SAF – Use of Funds form*.

14. File signed application in student-athlete’s individual folder.

15. After all receipts have been turned in, process receipts and review that the SAF check was utilized for permissible items (clothing) only.

16. Record all turned in receipts on an Excel tracking sheet along with a note if the minimum amount of the check was met and if the student-athlete is eligible for a check the following academic year.
   a. If items were purchased that were impermissible, deduct from the receipts that were turned in and make a note on the tracking sheet.

**DSU National Letter of Intent and new Grant-In-Aid letter process**

**Due:** As needed and according to NLI signing dates

**To:** Office of Compliance – agadson@desu.edu

The online scholarship processing form is the means for coaches to submit athletic scholarship requests to the Office of Compliance to process athletic Grant-In-Aid (GIA) requests for incoming PSAs, returners and new scholarships as well as to process National Letters of Intent (NLIs) with a GIA request as permissible according to NCAA rules and NLI signing dates. The online scholarship processing form is housed in the ARMs Portal. All coaches have access. The form can be accessed and used anytime and is mobile accessible.

**Processing of the Online Scholarship Processing Form:**

1. Coach completes and submits online scholarship processing form
2. Office of Compliance processes request and submits spreadsheet to Financial Aid
3. Compliance staff reviews information provided in the online form for completeness and record/make adjustments to the sport’s scholarship budget spreadsheet for the respective academic year.
4. Compliance staff develops Grant-In-Aid letter by using the Grant-In-Aid template and performs a mail merge to create GIA letter. Save as PDF on shared drive under Financial Aid folder → GIA letters → respective year → respective sport.
5. Gain signature of Financial Aid personnel by sending GIA letter (PDF file) via email
6. If NLI was requested, develop the NLI and obtain the AD’s signature or designee, for each NLI.
7. Upon receiving the signed GIA letter and NLI, scan both items separately and save as PDF to shared drive under Financial Aid folder (replacing the unsigned GIA letter PDF) → GIA → respective academic year → respective sport
8. Compliance staff electronically emails the Athletic GIA letter and NLI (if applicable) to the PSA; alerting the Coach that the email went out.
9. Student returns signed forms to the office of Compliance either through email, fax, or mail
10. It is permissible to take readable pictures of the signature pages and email it as an attachment
11. All documents from the student-athlete is scanned into electronic file and placed on the Department of Athletics shared drive, and a hard copy is placed in the student-athlete’s athletics department folder for future use if needed.
12. The complete NLI package (signed NLI + GIA) is forwarded via email to the MEAC Conference Office.

Renewal/Nonrenewal Process
During the spring semester, the head coach and Compliance Office convene to discuss scholarship renewals and non-renewals, including reductions, increases and cancellations. When decisions are made who will be renewed and non-renewed, the following procedure will be followed.
1. Coach will request all discussed renewals and non-renewals through the online scholarship processing form.
2. Office of Compliance will review information for correctness and generate the GIA renewals and non-renewals in PDF format.
3. All letters are sent to the Assistant Vice President for Financial Aid or designee to obtain signatures.
4. Along with a sport’s renewals and non-renewals, the Office of Compliance sends the current sports budget to Financial Aid for verification of funds available.
5. Once signed letters are returned to the Office of Compliance, the Compliance Officer will generate emails to the (not) returning student-athletes and send them their renewal and non-renewals via email in PDF format.
6. Renewals have to be returned to the Office of Compliance by August 1st. Athletic Aid will only be applied to the student-athlete’s account if he/she has returned the signed offer.
   Nonrenewal letters contain clear instructions on how to proceed if the student-athlete would like to request a hearing opportunity for any reductions and cancellations.
7. **Hearing Opportunity**: See office of compliance for complete document

Textbook Acquisition
As part of the athletic scholarship, DSU may furnish textbooks specifically required for the academic courses. Only textbooks required for the courses in which student-athletes are enrolled are furnished. Those student-athletes who receive books should follow the procedures below:
1) Go to the first day of your class or go directly to the professor and obtain a syllabus. If a syllabus is not available, obtain a signed note (on University letterhead) from the professor indicating the name of the book(s) that are REQUIRED.
2) All books must be purchased through the Bookstore, if available. Reimbursements for books purchased at other venues may not be provided if the Bookstore has the book(s).
3) All books must be purchased within 30 days of the start of the class (fall and spring semester) or within five business days for six week and summer school courses. Requests for books after these dates will not be approved.
4) Bring your syllabus for each class to the Athletics Compliance Office as they will verify your class schedule, along with book request form.
5) Once compliance verifies your book form, student-athlete will be given a book coupon with course-related only items to take to the bookstore and processed for payment.
6) The books are yours to keep for the semester/summer session, but if you drop a course you must return all books for that course to the Athletics Compliance Office immediately.
7) Any books not turned into the office of compliance will be billed to the student-athlete’s account as it is assumed they are lost/sold/non-returnable.
8) If you receive an ‘Incomplete’ in a course, you may not receive additional books to complete the course.

**Book Return Process**

Due: Last day of final exam week each semester  
To: Purchased books on athletic aid returned to the Office of Compliance  
All student-athletes who receive an athletic book scholarship and obtained books for the current semester are required to return their books by the last day of final exams week to the Office of Compliance (purchased or borrowed books).

1) Office of Compliance will send out email blasts to student-athletes and coaches as a reminder about the book return policies and procedures.

2) Student-athletes may return books any time before the set deadline to the Office of Compliance

3) Upon returning rentals to the bookstore, students will return the rental receipt to the Office of Compliance.
   a. The receipt will be filed in the student’s individual folder.

4) Upon returning books to the Office of Compliance, a compliance officer will check-off the turned in books and hand a signed and dated receipt to the student-athlete as proof that the named books on the receipt were returned.

5) If a student-athlete fails to return a book, the student-athlete’s account will be charged with the full price of the book plus a rental fee for non-return (in case of a rental).

**DSU Online Roster Management Form**

Due: When roster adjustment is made  
To: Office of Compliance

The roster change form maintains a current record off all active student-athletes to track changes regarding to roster management and updates to CAi. It has to be submitted by the coach any time a change is made to the roster. The Office of Compliance will share roster changes with Sports Medicine, Sports Information, Academic Services, Financial Aid, Strength & Conditioning and the Equipment department to keep all records up to date.

**Processing of Roster Change Form:**

1. Coach completes online roster management form.
2. Compliance Officer is electronically notified that a roster change was submitted.
3. Compliance Officer updates the information in CAi and makes the necessary changes to the roster.
4. If scholarship student-athlete and his/her athletic aid is cancelled: retract remaining aid by sending a departmental scholarship form to the Financial Aid indicating the amounts and elements.
5. If student-athlete has voluntarily quit the team, a written (email) statement of voluntary withdrawal by the student has to be requested and put in his/her personal folder along with the roster change form.
6. If a scholarship student-athlete has quit and intents to transfer to another institution, coach has to provide the name of that institution for APR purposes.
7. Send an email to Sports Medicine, Sports Information, Academic Services, Strength & Conditioning and the equipment department so that each area can update their internal roster.
Tryout Approval Form

Due: One week prior to tryout date of respective sport
To: Office of Compliance

The Tryout Approval form outlines the tryout process and each step that needs to be completed in order to be cleared to tryout. It also ensures that only tryout candidates participate in the tryout who are (going to be) certified by the NCAA (Amateurism, Academics) as well as will be eligible to practice and compete (meet 6/18/24 or PTD) if they make the team and are added to the roster.

Processing of the Tryout Approval Form:

1. Any student interested in trying out for a sport has to obtain the Tryout Approval Form from the Coach.
2. Step one and two have to be completed before bringing the form to the Office of Compliance.
3. Review tryout form for completeness. Forms are not accepted without coach’s signature and tryout date.
4. Office of Compliance completes step 3 and emails tryout candidate within 24-48hrs explaining further steps in the tryout process or requests additional information as needed to evaluate the student and determine if (s)he is permitted to proceed in the process (e.g. as transcripts, test scores).
   a. When permitting the student to move on to step 4 (Physical Exam) (cc respective coaches as well as head trainer on the email update).
   b. If student is not permitted to move on in the tryout process, Compliance Officer will complete step 5.
5. Student completes step 4 and returns to the Office of Compliance for final clearance.
6. Office of Compliance completes step 5 and clears or not clears student for tryout.
7. Make a copy of the tryout form and hand the copy to the student to take to the tryout date.
8. Retain original (with attached documents) and maintain log of tryout candidates; place tryout forms in folder for respective year.
9. If coach adds any tryout candidate to the roster as a walk-on, a Roster Change Form has to be submitted to the Office of Compliance within 24 hours.
PERSONNEL

DSU Volunteer Agreement
Due: Before engaging in any volunteer coaching activities
To: Office of Compliance
By signing the Volunteer Agreement, the individual agrees to comply with NCAA, and MEAC rules and regulations as well as with institutional and Athletics Department policies and procedures. In addition, they pledge to conduct themselves in a favorable manner representing DSU; adhere to DSU’s ethical code of conduct; and acknowledge that they do not receive or expect monetary or any other kind of compensation for their work performed.

Processing of Volunteer Agreement:

8. If Head Coach agrees to engage a volunteer coach or other type of volunteer staff member, (s) he has to email the Office of Compliance informing them of such intention.
9. Volunteer Coach has to stop by the Office of Compliance before participating in any activities or functions and complete the Volunteer Agreement Form as well as the DSU Honesty and Ethical Conduct Affidavit.
10. The Volunteer Agreement form has then to be submitted to the Administrative Assistant to the AD who will submit the form to the Human Resource (HR) Department to obtain the Vice President of HR’s signature as well as for the HR Department to perform a background check on the volunteer.
11. The form is housed in the HR Department.

Student Manager

A student manager must adhere to NCAA bylaw 11.01.6 and meet its criteria.
1. The Head Coach has to inform the Office of Compliance about this addition to his or her personnel.
2. The Office of Compliance will review if the student is in good academic and financial standing and has conducted themselves in a professional manner at all times.
3. Lastly, the student signs the student manager form with the Office of Compliance and simultaneously is educated about permissible activities.

DSU Honesty and Ethical Conduct Affidavit
Due: a. Returning athletic department members: At the beginning of every academic year (Required from all athletic administrators, staff members, coaches, managers, Graduate Assistants and volunteers)
   b. New athletic department members (coaches or athletic staff members, administrators, GA, student managers or volunteers): Before participating in any activities or functions
To: Office of Compliance
This affidavit enforces the standards of Honesty and Sportsmanship per NCAA Bylaw 10.01.1. The individual acknowledges he/she will conduct themselves in a favorable manner representing DSU and adhere to DSU, Conference and NCAA ethical codes of conduct as well as rules and regulations.

Processing of DSU Honesty and Ethical Conduct Affidavit:
1. Any (new) coach, athletic staff member, athletic administrator, manager, Graduate Assistant and volunteer has to complete this affidavit either at the beginning of the academic year (returner) or before commencing their position (new member).
2. Affidavit’s content and meaning will be explained to signees by Compliance Officer and is then signed under supervision of the Office of Compliance.
3. Office of Compliance obtains AD’s signature.
4. Affidavits are housed in the Office of Compliance.
ELIGIBILITY AND CERTIFICATION

MEAC Request for Medical Hardship Eligibility Waiver
Due: After the completion of the respective student-athlete’s season
To: MEAC Office – Sonja Stills (stills@themeac.com)
This hardship waiver is submitted for any student-athlete who suffered an incapacitating injury preventing him/her from competing. A hardship waiver request is filed with the Conference Office when the student-athlete either did not compete at all or competed in only up to 30% of the entire season’s officially scheduled competitions according to NCAA bylaw 12.8.4.3.6 (excluding annual exemptions pertaining to the student-athlete’s sport).
The hardship waiver request is initialized by the Head Coach, who in agreement with the student-athlete, requests in writing to submit a hardship waiver request to Conference Office. This request may be made at any point of the season, however the waiver process will not commence until after completion of the season.
(NCAA bylaw 12.8.4 Hardship Waiver.)

Processing of the Request for Medical Hardship Eligibility Waiver:

1. After receiving the Head Coach’s written request, the Office of Compliance will confirm all competitions the student-athlete may have participated in at the beginning of the season (if applicable) and compute the student-athlete’s percentage of participation based on the institution’s number of scheduled contests or dates of competition following the regulations in bylaw 12.8.4.3.6.
2. If requirements are met, the Office of Compliance will complete PART I of the MEAC Request for Medical Hardship Eligibility Waiver form as well as the top information ONLY of PART II of the hardship waiver.
3. PART II will be sent to the Head Trainer to complete the information as well as gather any pertinent trainers and/or doctors notes regarding treatment as well as a letter from the Physician stating that the student-athlete’s injury/illness was incapacitating and prevented him/her from intercollegiate athletics competition and obtain necessary signatures as requested on the form.
4. In the meantime, the Office of Compliance will gather all documents required for the application.
5. Once all documents are received from the Head Trainer, Compliance will review the Medical Hardship Waiver package for completeness and obtain the AD’s signature as well as the signature of the Compliance staff.
6. The package will be scanned to a PDF and emailed to the Conference Office for the Committee’s review and approval.
7. The original waiver package will be filed in the student-athlete’s personal folder as well as saved on the Athletics Compliance shared drive under the Bylaw 12 Amateurism folder → Medical Hardship Waiver folder.
8. Upon approval (or denial) of the waiver:
   a. The MEAC memorandum will be saved electronically on the Athletics Compliance shared drive under the Bylaw 12 Amateurism folder → Medical Hardship Waiver folder.
   b. A copy of the approval (denial) notice is attached to the waiver package and filed in the student-athlete’s personal folder.
   c. The student-athlete’s Amateurism information is updated in CAi.
   d. An email is sent to the coaching staff as well as Sports Medicine that the waiver has been approved (or denied) and that an additional year of eligibility has been granted (if applicable).

Student Athlete Annual NCAA and Institutional Compliance Certification
At the beginning of each academic year and prior to reporting to preseason or participating in any CARA, all student-athletes have to be NCAA certified as well as certified by the institution’s Office of Compliance and completed all mandatory NCAA and institutional compliance forms.
Certification Procedure:
1. Utilizing the NCAA Compliance Forms portal, the Office of Compliance will send out the NCAA online drug consent forms to all returning and incoming student-athletes.

2. In addition, for any minors completing the forms, a hardcopy of each form has to be emailed to the PSA to obtain the parent/legal guardian signature.
   a. Upon receiving the signed hardcopy forms from the PSA/parent, the Office of Compliance checks in the Compliance Forms portal that it has obtained and received the minor’s form with all signatures.

3. The Office of Compliance will send all institutional Compliance forms that require parent/legal guardian signature to PSAs who are under 18 years of age 2 weeks prior to the annual beginning of the year Compliance meeting with a team(s).
   a. Incoming minors are asked to bring those forms to the meeting or email back pictures of the signature pages.

4. The Office of Compliance enters/updates their Financial Aid as well as Sports information in CAi.

5. Office of Compliance confirms in CAi full-time enrollment of each student-athlete as well as that NCAA forms were completed online.

6. Office of Compliance obtains/confirm Medical Clearance dates for each student-athlete.

7. For incoming PSAs, Office of Compliance confirms that incoming freshmen are certified for their Academics and Amateurism by the NCAA (see General tab).

8. Please see Academic Certification section below.

9. The Office of Compliance schedules and hold its annual compliance certification meeting with all teams (individually or grouped) before student-athletes report to preseason. In this meeting students complete hard copies of all institutional athletic forms for their compliance folders. Information from these forms are updated in their personal tab within CAi.

### Eligibility Certification

1. Academic Support for Student Athletes (ASSA) academic advisors and leadership will update internal spreadsheets illustrating the previous academic years PTD by each semester. They will evaluate credits attempted, earned, degree applicable, remedial, term gpa, cumulative gpa, 6/18/24, 40/60/80, and graduation PTD.

2. Any consultation about degree applicability of specific courses are discussed with the department and Registrars.

3. Completed spreadsheets are electronically sent to Registrars for review.

4. Meeting will occur with the Eligibility Certification Specialist and the Registrar.

5. Certification Specialist enters data into the Compliance Assistant program updated PTD information and then updates Eligibility in CAi and prints Eligibility Reports for signatures.

6. Document is forwarded to Conference Office

### Process for Admission and Certification for Transfer Students

1. Student applies and D# is generated.

2. Coaches complete Request for Certification Form

3. Compliance staff facilitates list for PSAs after communicating with Coaches

4. ASSA staff communicates list of Transfer PSAs to Admission for athletics coding in Banner.

5. Admissions designee completes evaluation of student’s most updated transcript(s) and inputs information in Banner.

6. Certification Specialist completes a term by term break down of transferable courses and work to complete transfer certification form (taking into consideration all transfer legislation to determine PTD, transfer status, and eligibility.)

7. Meeting is conducted to sign off on transfer student’s certifications.

8. If applicable, student is added to the squad list on CAi roster.

**Note:** If a student at any point communicates they are not attending Delaware State University after being offered admission, a memorandum will be generated by Office of Compliance and placed in the student’s departmental
folder; added to such a log of students; archived in Athletics departmental shared drive under Recruiting folder; and communicated with the Admissions Designee.

THE FOLLOWING POLICIES ARE ATTACHED:

- Notification of Intent to Transfer
- Notification of Objection to One-time Transfer Exception
- Student Athlete Grievance
- Non-Renewal of Athletic Aid Hearing

NOTE:
NCAA and CONFERENCE legislation can change during the course of an academic year. Please contact the office of compliance to insure that you are receiving the most recent information.
NOTIFICATION OF TRANSFER POLICY AND PROCEDURES:
Per NCAA Bylaw 13.1.1.3.1, a student athlete may initiate the notification of transfer process by providing his/her institution with written notification of transfer at any time. The student athlete’s institution shall enter his/her information into the national transfer database within two (2) business days of receipt of a written notification from student athlete.
Per NCAA Bylaw 13.1.1.3, an athletics staff member or other representative of the institution's athletics interests shall not make contact with the student-athlete of another NCAA or NAIA four-year collegiate institution, directly or indirectly, without first obtaining authorization through the notification of transfer process. (MEAC Intra-Conference Transfer Rule is still applicable- see attached)
Per NCAA Bylaw 15.3.4, if a student-athlete provides written notification of transfer to the institution, the student-athlete’s financial aid may be reduced or canceled at the end of the regular academic term in which written notification of transfer is received. If a student-athlete provides written notification of transfer to the institution between regular academic terms (winter break, summer break) the institution may reduce or cancel the financial aid immediately.
Per NCAA Bylaw 13.1.1.3.5, an institution may contact a student-athlete at another institution whose team is ineligible for postseason competition during the remaining seasons of the SA’s eligibility due to sanctions pursuant to the Academic Performance Program, without obtaining authorization through the notification of transfer process. The SA’s current institution must be notified of the recruitment and may establish reasonable restrictions related to the contact (e.g. no visits during class time).

PROCEDURES:
1. Prior to a student-athlete initiating the notification of transfer process, it is highly encouraged that the student-athlete meet with their Head Coach to discuss the potential transfer.
2. The student-athlete may initiate the notification of transfer process by providing written notification of transfer at any time to the institution via the Office of Compliance. This is done by completing the Notification of Intent Transfer Form. A student-athlete who no longer affiliated with DSU must contact the Office of Compliance to receive a hard copy of the NCAA Transfer Portal Signature Page.
3. The Office of Compliance shall enter the student-athlete’s general information in to the notification of transfer database within two (2) business days. Alerts are sent to the student-athlete and selected institutional staff. The student-athlete’s notification of transfer information is posted with a date stamp record, after which permissible recruiting conversations may begin. The student-athlete’s notification of transfer information becomes searchable by other institutions, to confirm that permissible recruiting contacts may occur.
4. The institution subsequently enters and periodically updates, if necessary, the student athlete’s typical tracer form information regarding eligibility and participation history.
5. Per NCAA Bylaw 13.1.1.3.2, the Department of Athletics will discontinue access and use of all athletic facilities, sports medicine, strength & conditioning, academic-athletic services, all athletic functions and all other privileges afforded to student-athletes. (The Director of Athletics reserves the right to review and determine, on a case-by-case basis, the services, if any, that will continue to be extended to the student-athlete).
6. If the student-athlete transfers or remains enrolled at the original institution during the subsequent academic year, the student-athlete’s notification of transfer information will be archived.
7. Once the student-athlete has made a decision regarding where he or she will transfer, he or she may contact the Office of Compliance to request that the database information be updated to indicate that he or she does not or no longer wants to be contacted by other institutions.
8. All applicable transfer eligibility requirements are still in effect, including one-time transfer exception.

3.1.7.2.2 MEAC Intra-Conference Transfer

Before a member institution permits a student-athlete to transfer to another MEAC member institution who:
(a) was recruited and received athletics and/or institutional financial aid and has competed and/or practiced at the previous institution; or
(b) was a non-recruited student-athlete who received athletics financial aid who competed and/or practiced at the previous institution; or
(c) a prospective student-athlete that has signed a National Letter of Intent (NLI) and has been released from the previous member institution. ( Adopted: 3/12)

The member institution shall require the student-athlete to fulfill a residence requirement of two full academic years (or four full time semesters) and shall count as two seasons of competition in all MEAC sports. While the student-athlete is ineligible, the certifying institution shall not offer, provide or arrange directly or indirectly any earned or unearned athletically related financial aid.

**Exempted Student-Athletes.** The Intra-Conference transfer rule shall not apply to the following student-athletes:
1) A non-recruited student-athlete who received no athletics financial aid at the previous member institution;
2) A recruited student-athlete (per NCAA 13.02.13.1) who received no institutional financial aid at the previous member institution;
3) A student-athlete who is participating in a bona fide academic or exchange program; and/or,
4) A graduate student-athlete who meets the NCAA Graduate Student/Post-Baccalaureate participation One-Time Transfer Exception. (5/13)

These student-athletes shall be eligible for waiver consideration through the certifying institution and are subject to applicable NCAA transfer rules.

**Limits on Intra-Conference Transfer Waiver.** The certifying institution may petition, on behalf of the non-exempted student-athlete, the Conference Office to reduce the resident, charged-season, and financial aid provisions for intra-conference transfer requirement.
1) For a recruited or non-recruited student-athlete who has received any athletics financial aid at the first Conference institution, the residence requirement, at a minimum, shall be one full academic year (two full semesters or three full quarters).
2) For a recruited student-athlete (per NCAA 13.02.13.1) who received non-athletics institutional financial aid at the first Conference institution, the Conference Office may reduce the residence and eligibility requirements so that eligibility will be determined by NCAA transfer rules.

**Intra-Conference Transfer Waivers.** NCAA Transfer rule waivers are not applicable to non-exempted intra-Conference transfers, except for those permitted under NCAA 14.5.5.2.6. A student-athlete who receives a Discontinued Academic Program Exception to NCAA transfer rules under NCAA 14.5.5.2.3, or one who was denied the Discontinued Academic Program Exception by the NCAA, but who is eligible for a one-time transfer exception per NCAA 14.5.5.2.10, may petition the Conference for a waiver to the Intra-Conference transfer rule. All waivers of this provision except the Discontinued/Non-sponsored Sport Exception of NCAA 14.5.5.2.6 must be granted through the Conference petition process.
NOTIFICATION OF INTENT TO TRANSFER

TO BE COMPLETED BY STUDENT ATHLETE

- Prior to completing this form, it is strongly recommended that you speak to your head coach, parents, significant others or any other persons that may be impacted by your intention to transfer. Because of the possible loss of athletic related aid and/or privileges afforded to student-athletes, this decision should not be entered into lightly.
- If you are over the age of 18, please note that the department of athletics reserves the right to not engage in conversation with parents, legal guardians or any other persons, about your decision to transfer to another University.
- Once this form is submitted, the head coach, Athletic Director and other key athletic administrators (academics, sport medicine, strength & conditioning, etc.) will receive immediate notification.
- While you may complete this form at any time, it is recommended that you complete this form after the conclusion of your competition season. Should you complete this form during the season and do not wish to complete the season, a Voluntary Withdrawal From Team Form must be completed.

Name: ____________________________________ Sport: __________________
D#: __________________________ Date: ______________

I give permission for Delaware State University to:
(a) Enter my name and contact information into the NCAA Transfer Portal YES or NO
(b) Disclose to other higher education institutions who request information for athletic recruitment purposes and in order to verify my ability to transfer to their institutions (in accordance with NCAA and/or applicable Conference regulations) my protected academic/educational record information, including but not limited to: terms of attendance, academic standing, academic eligibility status, medical and mental health information, and disciplinary/conduct information: (If yes, consent shall remain in effect for one year from the date of my signature, however, I understand that I may revoke this consent in writing at any time to Delaware State University department of athletics) YES or NO

I have thoroughly read and understand the Notice of Transfer Policy and Procedures form and understand the implications to my athletic aid and status as a student athlete.
Student Athlete Signature: __________________________ Date: ______________

TO BE COMPLETED BY DIRECTOR OF ATHLETICS/DESIGNEE

Recommendation to grant “One-time Transfer Exception” (Bylaw 14.5.5.2.10d) if applicable:
YES_____ NO_______ Signature: __________________________ Date: ______________
If no, why

TO BE COMPLETED BY OFFICE OF COMPLIANCE

Official request date: ___________Official date entered into NCAA Transfer Portal: _________

ONE-TIME TRANSFER EXCEPTION APPEAL

Policy

Delaware State University and the Department of Athletics are committed to the equitable treatment of student-athletes who decide to transfer to other institutions or who are interested in a possible transfer to another institution, as well as evaluating the overall impact to the University and its athletic programs. The following policy and procedure shall be followed in all cases.

In accordance with NCAA Bylaw 14.5.5.2.10 and 14.5.5.2.10.1, if Delaware State University denies a student-athletes written request for the release or enters a denial of the release in the NCAA Transfer Portal, Delaware State University shall inform the student-athlete in writing that he or she, upon written request, shall be provided a hearing conducted by an institutional entity or committee outside the athletics department. Delaware State University shall conduct the hearing and provide written results of the hearing to the student-athlete within 15 business days (see Bylaw 14.02.4) of receipt of the student-athletes written request for a hearing. If Delaware State University fails to conduct the hearing or provide the written results to the student-athlete within 15
business days, the release shall be granted by default and Delaware State University shall provide a written release to the student-athlete.

Procedure

1. Requesting Permission to Use the One-Time Transfer Exception.
If a student-athlete wishes to utilize the one-time transfer exception, it is highly encouraged the student-athlete speak with his or her Head Coach first. Then, the student-athlete may make the request for in writing to the Office of Compliance Services (hereinafter referred to as “Compliance Officer”). If a student-athlete submits a Notification of Transfer Form it shall be assumed they are requesting to utilize the one-time transfer exception.

After conferring with the Head Coach, the Compliance Officer and the administrator who oversees the student-athlete's sport (hereinafter referred to as “Sport Supervisor”) shall decide whether use of the one-time transfer exception should be granted. If appropriate in particular cases, the Head Coach, Compliance Officer and/or the Sport Supervisor shall consult with the Director of Athletics regarding the request. If use of the one-time transfer exception is granted, the Compliance Officer shall inform the student-athlete and/or institution the student-athlete is interested in transferring to in writing.
If permission is refused, the Compliance Officer shall inform the student-athlete of the decision in writing within five (5) business days of the decision. Additionally, the student-athlete will be informed in writing of their right to appeal the decision in accordance with NCAA rules. If permission to use the one-time transfer exception was requested by another NCAA institution, the Compliance Officer shall ensure that the decision to deny permission is provided to the other institution as promptly as possible.

3. Request for Hearing.
If a student-athlete wishes to request a hearing to contest the decision to deny use of the one-time transfer, the student-athlete must submit a written request to the Compliance Officer. Beginning with the day after the student-athlete receives the denial to use of the one-time transfer, the written request for a hearing must be submitted within five (5) business days. [Note: A business day concludes at 5:00pm EST.]
The student-athlete’s request for a hearing must describe the reasons the student-athlete believes that the decision to deny should be overturned or modified. All supportive documentation relevant to the student-athlete’s appeal must be submitted with the request to the Compliance Officer.

4. Hearing Committee.
All hearings under this policy shall be conducted by the Student-Athlete Appeals Committee (hereinafter referred to as the "Committee"). NCAA rules require that the Committee consist exclusively of individuals who are employed outside of the Department of Athletics. The Faculty Athletic Representative (FAR) shall be the Chair. It shall be the duty of the Chair to rule on procedural matters and the admissibility of evidence during such hearings.

5. Scheduling the Hearing.
After the student-athlete submits the written request for a hearing, the Compliance Officer will contact the FAR to schedule a hearing date. The hearing date shall occur no later than fifteen (15) business days following the student-athlete’s request. The FAR shall inform the student-athlete, the Head Coach, the Committee, the Compliance Officer, the Sport Supervisor, and the Director of Athletics of the date, time and place of the hearing. Within two (2) business days prior to the scheduled hearing, the Compliance Officer shall provide the Committee:
A. The notification of refusal and right to hearing letter from the Compliance Officer;
B. The request for hearing letter from the student-athlete; and
C. All supporting documentation submitted by the student-athlete, the Head Coach, the Compliance Officer, the Sport Supervisor, and/or the Director of Athletics.

- All parties to the hearing are expected to provide truthful information to the Committee and treat the Committee and other parties with dignity and respect throughout the process.
- The hearing is an informal administrative proceeding and not a court of law. It is not subject to and does not operate in accordance with formal rules of process, procedure or technical rules of evidence. The hearing will not be taped.
• The Committee proceedings and all information submitted by the parties shall remain confidential except as otherwise required by law.
• The student-athlete has the right to be an active participant either by appearing in-person or by telephone conference call.
• The Head Coach and Sport Supervisor are required to appear in-person at the hearing, unless this requirement is waived by the Chair of the Committee based upon justifiable cause.
• The Committee may request that other individuals attend and testify at the hearing, as the Committee deems relevant and appropriate.
• If the student-athlete wishes to have other individuals (e.g., parents) attend the hearing, the student-athlete must provide a list of names and relationship of those individuals in a written request to the FAR within two (2) business days prior to the hearing.
• If the request is approved, the other individuals may be present at the hearing to observe but may not participate unless asked to do so by the Committee. The Compliance Officer, or designee, shall be present for purposes of clarification of the application of NCAA rules.
• The Chair of the Committee will open the hearing by introducing the parties and Committee members. The Chair then will summarize the format of the hearing and any rules of procedure.
• Thereafter, the Chair shall invite the student-athlete to present his or her position and describe the reasons why the student-athlete believes the decision to deny permission should be modified or overturned. The Head Coach and/or Sport Supervisor then shall have the opportunity to present the rationale for denying permission.
• The Committee may ask questions of any individual present at the hearing.
• The student-athlete, Head Coach and Sport Supervisor all shall have the right to make a concluding remark or closing argument before the hearing is completed. The hearing should not be closed until the Chair has determined that all parties have had a fair and equal opportunity to present their positions.

7. Committee Deliberations and Notice of Decision.
Immediately following the hearing, the Committee shall meet privately to deliberate. The Committee's decision shall be based on a majority vote of the three members of the Committee. The decision shall be rendered no later than fifteen (15) business days following the student-athlete’s request for a hearing. The time limit within which to make a decision may be extended by the Committee Chair upon reasonable cause confirmed in writing to the student-athlete and the Director of Athletics.
The decision of the Department of Athletics will be upheld unless the Committee finds, more probably than not, that the original decision of the Athletics Department was clearly unreasonable, had no basis in the information provided or was contrary to applicable NCAA rules or University policies or procedures. If the Committee determines that the decision of the Department was unreasonable or without basis in the facts presented or contrary to applicable NCAA rules or University policies and procedures, it may modify or overturn the decision to use the one-time transfer exception.

The Committee’s decision shall be final, and there are no further avenues of appeal at the University.
Delaware State University
FINANCIAL AID HEARING OPPORTUNITY: Non-Renewal, Reduction or Cancellation of Athletic Aid

POLICY AND PROCEDURES

Summary
In accordance with NCAA Bylaw 15.3.2.3 (Hearing Opportunity), the following outlines Delaware State University policies and procedures for conducting an appeal hearing related to the cancellation, reduction, or non-renewal of athletics aid.

Policy
A student-athlete who wishes to appeal any decision related to his or her athletic grant-in-aid shall submit a written request to the office of compliance for processing and a hearing will be scheduled between the student athlete, the head coach, the faculty athletic representative and additional members of the appeals committee which includes financial aid and other non-athletic university personnel.

The student-athlete will have the option to appear in person with the committee or allow the committee to make a decision based upon supporting documentation.

The committee will review all documentation submitted as well as any statements made during the appeal hearing to make their decision. The committee’s decision is final and there is no further appeal beyond the Grant-in-Aid Appeals Committee. The student-athlete will be notified of the committee’s decision either verbally and/or in writing.

Procedures
The Office of Student Financial Aid will send a notification of non-renewal, cancellation or reduction of athletics aid to the student-athlete via office of compliance. This is sent electronically via email and may be picked up by student athlete from the office of compliance.

If the student-athlete wishes to appeal the non-renewal, cancellation or reduction of athletics aid, he/she must submit this request in writing to the Office of Compliance. This request must be submitted within ten (10) business days from the sending date of the non-renewal, cancellation, or reduction letter. If the student-athlete does not appeal within this window or informs the Office of Compliance in writing that, he/she will not be submitting an appeal then the hearing opportunity will be forfeited.

An appeal hearing will be scheduled at a time in which all involved individuals can be present. Should any necessary party not be able to attend, all efforts will be made to arrange for the absent party to participate via teleconference or videoconference. If the student-athlete cannot be present for the appeals committee hearing, the student-athlete appeal will be based upon the supporting documentation provided.

Student-athletes may have parent(s) and/or advisory council present; however, they are not allowed to speak on the student’s behalf during the hearing.

Hearing Format
- The committee members will convene in private session to review any submitted statements and/or documentation prior to hearing.
- The Committee Chair will then call for all parties to join the committee in open session. The Committee Chair shall make introductions and review the hearing format.
- The student-athlete, followed by the head coach will be asked to present their case. The committee members may ask questions directly to the parties at this time. Once the committee has no more questions, both parties will be allowed to ask any questions and be advised that notification of a decision will be given within ten (10) business days of the hearing unless additional information is needed. Both parties will be excused from the meeting room.
• The Committee Chair will call for any additional questions of the committee. Questions should be for clarification to any statements or submitted documentation as well as clarification of the application. Upon conclusion, the committee will deliberate and render a decision.
• The Committee Chair will notify all parties of the decision via email. The decision is final and any further action is at the discretion of the committee chair.
The Importance of DSU’s Brand: Who We Are as a University

The Delaware State University brand helps to define who we are as a University and what makes us different — what makes our University distinguishable from other institutions.

The brand is the sum total of one’s experience with DSU. Some people may define the brand as a logo or a tagline, but this is merely one part.

Brand perception is based on all of one’s interactions with DSU. For example, a prospective student experiences DSU in many ways:

- How his or her phone call is answered
- Appearance and content of Admissions marketing materials — Do they speak to his or her needs?
- Experience using the website — Is it user-friendly and easily informative? Does it help make the prospective student more interested in visiting DSU?
- Tour impressions — What is the tour leader like? What does the campus look like? Do the students appear to be happy? How engaged are faculty with their students? Can the student envision him or herself living in a residence hall on campus?
- When receiving a mailing from the University, is it produced with quality? Does it speak to the student and address his or her needs?
- If attending an event on campus, what was the experience like?
- If attending a football game, how was the level of school pride and did it meet the student’s expectations?

What is a Trademark/Registered Mark?

A trademark (or mark) is any logo, image, symbol, name, nickname, letter(s), word, slogan or derivative used by an organization, company or institution to identify its goods/services and distinguish the institution from other entities or competitors. It is “owned” by the organization and cannot be legally used outside of the organization without permission.

The name “Delaware State University” is a trademark and can be only be used on promotional materials or merchandise with approval from the Department of Marketing and Communications. Other symbols and icons are also protected trademarks.

Our brand is the primary means by which DSU is recognized; therefore, the University name, in the appropriate font that constitutes our logotype, should appear on all forms of communication. The logotype may not be visually altered, overprinted, paired with unapproved images, bordered, changed proportionally or otherwise tampered with.

Delaware State University Athletics Logos

*The Delaware State University Hornet logo captures the spirit and pride of the University and is only to be used for the marketing of athletic events. This logo adheres to the same colors as the University’s logotype. It cannot be used in conjunction with the University’s logo.*

*Hornets Nest vs. Hornets Hive — When referring to a home for the Hornets, it is most appropriate to use the terminology Hornets Nest and related imagery. While bees construct hives, hornets construct nests.*
Requesting a Logo
To request an official University logo for your use, please complete a Department of Marketing and Communications Project Request Form at [www.desu.edu/about/administration/integrated-marketing/marketing-project-request-form](http://www.desu.edu/about/administration/integrated-marketing/marketing-project-request-form).