Recruiting Visitation Form (revised July 1, 2015)

Full Name of Student-Athlete Visiting Campus (Printed)  Date of Birth  Sport

Date of Visit  Home Phone  Student-Athlete’s Cell Phone

Home Address

Emergency Contact Person for the Student-Athlete Visiting Campus:

Full Name  Home Phone

Relationship to Student-Athlete  Cell Phone

Home Address (If Different from Student-Athlete)

Are there any Health Conditions about which WSU should be concerned? ______________________________

List Allergies to Food and Medications: ________________________________________________________________

Prospective Student-Athlete Agreement

I desire to voluntarily participate in an overnight visit at Worcester State University (“WSU”). I hereby warrant and represent that I am physically fit and do not have any medical condition or physical limitation that would put me at risk for injury as a result of my participation in the overnight visit program.

I am aware that neither the Athletics Department nor any other WSU office or personnel will be supervising me at all times during my visit.

I further understand and agree that at all times during my visit I am required to obey all federal, state and local laws as well as the applicable policies of the University, and that if I fail to do so, the University may terminate my visit, report my behavior to my parents or guardians, report my conduct to the appropriate law enforcement officials, and take any such further actions as may be warranted.

I specifically acknowledge that Massachusetts State Law and University policy prohibits all use of illegal drugs and prohibits the consumption of alcohol by anyone under the age of 21.

I understand that visiting student-athletes, like enrolled students, are responsible for their behavior within the expectations described below. Accordingly, I agree to:

- Take responsibility for my own actions during my visit.
- Conduct myself in a responsible manner throughout my visit.
- Abide by Massachusetts prohibition against the use of illegal drugs and the consumption of alcohol by persons under 18.
- Abide by the WSU Student Code of Conduct and the rules in the WSU Student Athlete Handbook.
- Notify my host of my whereabouts at all times during visit.
- Notify my host if I am uncomfortable in any situation during my stay.

I understand that if I fail to meet the above expectations, or if I otherwise violate any Athletic Department, WSU or NCAA rules or policies, WSU may no longer consider me for recruitment or admission.

In consideration of my participation in the overnight visit program, I understand and acknowledge that I am assuming all risks of injury or damage to my property which may result from my participation in the Program and my use of WSU facilities and I hereby waive, release, and agree to indemnify and hold harmless WSU, the Massachusetts Board of Higher Education, the Commonwealth of Massachusetts, and each of their trustees, officers, directors, representatives, employees and agents, successors and assigns of and from any and all actions, causes of action, suits, claims, damages, and expenses whatsoever for any injury, loss, damage, accident, inconvenience, or expense, relating to or arising from my voluntary participation in the overnight visit program.

I have read, understand and agree to comply with the provisions of the above Prospective Student-Athlete Statement.

Signature of Student-Athlete  Date

www.worcester.edu
Parent/Guardian Agreement

I am the parent/guardian of the Student-Athlete. I am over the age of 18, have read and understand the foregoing form, including the Prospective Student-Athlete Agreement, and I give permission for the Student-Athlete to participate in the overnight visit program at Worcester State University ("WSU"). I also understand and agree that the Student-Athlete must adhere to all WSU rules and regulations during his/her visit and that WSU may contact me (or the emergency contact listed above if I am unavailable) to pick up the Student-Athlete immediately if he/she violates such WSU rules or regulations.

I hereby warrant and represent that the Student-Athlete is physically fit and does not have any medical condition or physical limitation that would put him/her at risk for injury as a result of his/her participation in the overnight visit program. I hereby authorize WSU to act for me according to its judgment in any emergency involving the Student-Athlete requiring medical attention. In the event of an emergency, WSU has my permission to administer first aid or obtain emergency medical treatment as appropriate and in the Student-Athlete’s best interests. I agree to pay all expenses incurred due to an emergency involving the Student-Athlete in conjunction with his or her visit.

In consideration of the Student-Athlete’s participation in the overnight visit program, and on behalf of the Student-Athlete, I agree to assume all risks of injury or damage to his/her property which may result from his/her participation in this visit and/or use of WSU facilities. I hereby release, indemnify and hold harmless WSU, the Massachusetts Board of Higher Education, the Commonwealth of Massachusetts, and each of their trustees, officers, directors, representatives, employees and agents, successors and assigns from all liabilities, damage, claim of any nature whatsoever arising out of or in any way related to Student-Athlete’s visit to WSU.

__________________________
Signature of Parents/Guardian

__________________________
Date

Please return form to: Worcester State University Athletics, 486 Chandler St., Worcester, MA. 01602 Fax (508) 929-8184

Official use only

Coach/Host Agreement

As a coach and/or host of the prospective Student-Athlete visiting WSU, I understand that I must abide by the following:

- The prospective Student-Athlete is the responsibility of the entire team. I will work with the prospective Student-Athlete to ensure a positive overnight experience and serve as a good representative of WSU.
- I will not provide alcohol or other drugs to the prospective Student-Athlete.
- I understand WSU’s rules and regulations concerning alcohol and other drug use in the Student Handbook and I will make the prospective Student-Athlete aware of these rules if necessary.
- I will not place the prospective Student-Athlete in a situation in which he or she is uncomfortable.
- I will ensure that the prospective Student-Athlete is not left alone during his or her visit.
- I will not engage in or allow the prospective Student-Athlete to engage in activities that would jeopardize my safety or the safety of the prospective Student-Athlete.

As coach and/or host of the prospective Student-Athlete visiting WSU, I agree to accept responsibility for ensuring the above guidelines are met. I understand the consequences of breaking these guidelines. As coach and/or host, I agree to supervise the visiting recruit to the best of my ability during their entire visit on campus.

__________________________
Printed Host Name

__________________________
Signed Host Name

__________________________
Signed Coach Name

Host Dorm Room Information: ______________________________

www.worcester.edu