

# Athletics Overnight Visit Form – TUESDAYS ONLY

All overnight requests must be **complete and submitted 5 business days prior** to the prospect's scheduled arrival.

To be complete, the applicant must attach:

- Most recent transcripts (high school and college, if applicable)
- SAT/ACT scores
- Complete Permission/Medical Release form
- Additional items may be requested prior to this form being approved.

## Part I: To be completed by the Head Coach

Prospective Student-Athlete's Name: \_\_\_\_\_

Sport: \_\_\_\_\_ Date of High School Graduation: \_\_\_\_\_

Circle School Status:    High School    Two Year College    Four Year College

Name of Assigned Host: \_\_\_\_\_ Host Room Number: \_\_\_\_\_

Host Cell Phone Number: \_\_\_\_\_

Arrival Date & Time: \_\_\_\_\_ Departure Date & Time: \_\_\_\_\_

**(PLEASE NOTE THAT ALL OVERNIGHT VISITS ARE SCHEDULED FOR TUESDAY NIGHT)**

***Please attach the itinerary for prospect's visit (Include date, time & location).***

\_\_\_\_\_  
Signature of Head Coach                      Date                      Signature of Student Host                      Date

## Part II: To be completed by Prospective Student-Athlete

Prospective Student-Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent(s) or Legal Guardian(s) Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Special medical problems, allergies to medications, etc.: \_\_\_\_\_

Emergency Contact Name & Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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Parent/ Guardian Acknowledgement:

I give permission for my child \_\_\_\_\_ to visit and stay overnight at Massachusetts Maritime Academy. In the case of emergency and if I cannot be reached, I the undersigned parent or guardian of the above named child do hereby authorize a representative of Massachusetts Maritime Academy to consent to any medical treatment or care deemed advisable. I understand that the Academy does not provide health or other insurance to me or my child, and that I will be responsible for the entire cost of any medical services that might be necessary for my child during or associated with his or her stay at the Academy.

I understand that Academy staff and student volunteers will host my child during this visit, but my child is ultimately responsible for all conduct and decisions regarding program participation and social activities.

In consideration of my child's visit, I hereby agree to release, indemnify and hold harmless Massachusetts Maritime Academy, its agents, employees, trustees, directors and officers, for and against any and all liability and responsibility for any claim or cause of action, including claims based on negligence on account of any personal injury, accident, damage, expenses, or other loss caused, suffered or incurred by my child or any other person/ entity during, arising out of or in any way associated with my child's visit to Massachusetts Maritime Academy, except for any claim or cause of action arising out of the sole negligence of Massachusetts Maritime Academy.

I have read the above and I voluntarily sign this agreement.

\_\_\_\_\_  
Parent/Legal Guardian Signature                      Date                      Recruit 's Signature                      Date  
**(PLEASE NOTE THAT ALL OVERNIGHT VISTS ARE SCHEDULED FOR TUESDAY NIGHT)**

## Part III: To be completed by Admissions Department

High School / College Transcript(s) Received:	YES	NO
SAT / ACT Scored Received:	YES	NO
Prospect is Pre-qualified (this does not guarantee admission):	YES	NO

\_\_\_\_\_  
Signature of Director of Admissions or Designee                      Date

## Part IV: To be complete by Commandant's Office

Student-Athlete is in good standing and has been cleared to host a perspective student-athlete.

\_\_\_\_\_  
Signature of Commandant of Cadets or Designee                      Date

## Part V: To be completed by Athletic Director or Assistant Athletic Director

This prospect been approved for an overnight stay at Massachusetts Maritime Academy. All paperwork is complete and the Cadet Host has briefed on his/her responsibilities.

\_\_\_\_\_  
Signature of Director of Athletics or Designee                      Date

## **Athletics Overnight Visit Form – TUESDAYS ONLY**

# Duties & Responsibilities of the Cadet Host

You are a representative of Massachusetts Maritime Academy, the Regiment of Cadets and the Athletic Department. Your actions should reflect positively on yourself and all the entities above.

You are responsible to meet the prospective student upon his/her arrival and you must remain with the prospect at all times.

The host must check-in with his/her Company Officer or ASDO to inform them that he/she will be hosting an overnight guest and confirm the room number. The host must also check-in the prospective student in at CIC. CIC will issue a visitor's badge (yellow) which the guest will have at all times on campus. The badge will be returned to CIC on the way to check-out at Admissions.

Prospective students will not be allowed to roam around the dormitory complex or other parts of the campus unescorted.

A cadet will host no more than one prospective student at a time.

A host must be in good academic and regimental standing. Hosts on restriction or probation (conduct or academic) are not eligible to host prospective students.

Under no circumstances will an overnight guest be allowed in the room of a cadet of the opposite sex.

The Regulations and Standards for the Regiment of Cadet of the Massachusetts Maritime Academy, dated 10 August 2015, apply to hosts throughout the visit. The rules and regulations pertaining to the smoking, alcohol and gambling apply to all overnight visitors to the Academy.

I have read, understand and will abide by the provisions listed above. YES NO

I have met with coach regarding my responsibilities as a host and as a representative of Massachusetts Maritime Academy.

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Signature of Student-Athlete

Date

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Signature of Head Coach

Date

## Athletics Overnight Visit Form – TUESDAYS ONLY

# Duties & Responsibilities of Prospective Student-Athlete

Prospective students are not allowed to roam around the dormitory complex or other parts of the campus unescorted.

Visitors are expected to conduct themselves in a responsible and respectable manner at all times.

You may engage in recreational or workout activities as long as the following conditions exist:

- The activity is not initiated, arranged, or observed by the coach, and
- It is not designed to test your athletic abilities

Male visitors will use the facilities designated for males. Female visitors will use the facilities designated for females.

Prospective students will comply with all parking regulations while visiting the Academy.

Under no circumstances will an overnight guest be allowed in the room of a cadet of the opposite sex.

Failure to abide by the rules and regulation of Massachusetts Maritime Academy may impact my ability to attend the Academy.

I have read, understand and will abide by the provisions listed above. YES NO

\_\_\_\_\_  
Signature of Prospect

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head Coach

\_\_\_\_\_  
Date

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For valuable consideration, the receipt of which I hereby acknowledge, I hereby grant the Massachusetts Maritime Academy the following irrevocable rights:

1. The right to use my name, photograph, picture, portrait, likeness & voice (hereinafter collectively known as image) in connection with its educational materials or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit my image individually or in conjunction with other images or printed matter in the production of brochures, motion pictures, television tape, sound recordings, still photography, CD-ROM, on its World Wide Web site and/or other media.
3. The right to record, reproduce, amplify and simulate my image and all sound effects produced;
4. The right to copyright, in its own name, works that contain my image; and
5. The right to assign the above mentioned rights to third parties.

I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that I will receive no compensation, now or in the future, in connection with the use of my image.

I understand that once my image is posted on the Massachusetts Maritime Academy's website, the image can be downloaded by any computer user on or off campus.

I hereby release and forever discharge the Commonwealth of Massachusetts, the Massachusetts Maritime Academy, the Board of Trustees of the Massachusetts Maritime Academy, and the officers, agents and employees of the Commonwealth of Massachusetts, Massachusetts Maritime Academy and the Board of Trustees of the Massachusetts Maritime Academy from any and all claims, demand, rights and causes of action of whatever kind that may arise from the use of my image, including all claims for libel and invasion of privacy.

I understand that the acceptance of this release form by the Commonwealth of Massachusetts, the Massachusetts Maritime Academy and/or the Board of Trustees of the Massachusetts Maritime Academy, shall not constitute a waiver, in whole or in part, of sovereign immunity by the above-referenced entities or their members, officers, agents and employees.

I understand that my right to attend the Massachusetts Maritime Academy or to access any of its services or accommodations shall not be jeopardized in any way by a decision not to sign this release.

By checking this box, I give my authorization and release for the use of my personal image and likeness.  Yes  No

Full Name \_\_\_\_\_

Date (MM-DD-YYYY) \_\_\_\_\_