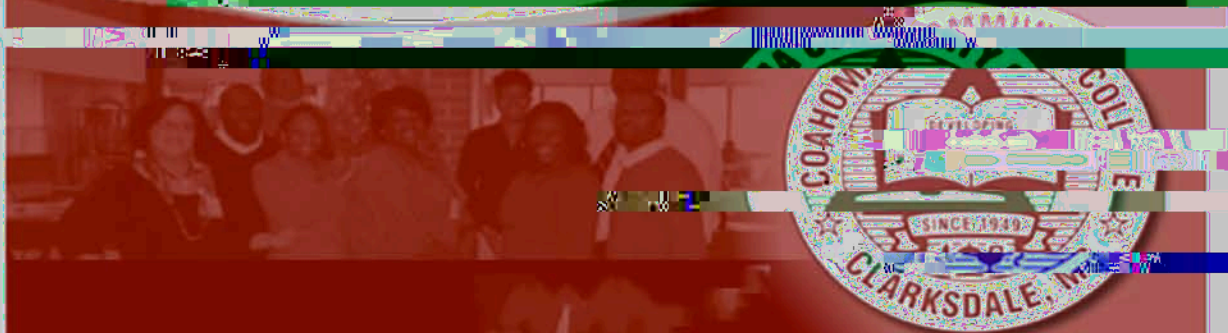


# Coahoma Community College

Discover...Grow...Excel



## STUDENT ACTIVITIES HANDBOOK



Division of Student Management

# Coahoma Community College

## Student Activities Manual

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## Intramural Sports

The Intramural Sports Program offers Coahoma Community College students the opportunity to participate in a wide variety of individual, dual and team sports at various levels of competition. The Intramural Sports Program offers team sports.

These sports include but are not limited to:

7 on 7 Football  
3-on-3 Basketball,  
5-on-5 Basketball,  
Table Tennis, Pool  
Tennis  
Softball  
Volleyball  
Spades  
Dominos  
Corn Hole  
Esports

Contact Mr. Christopher C. Dixon [cdixon@coahomacc.edu](mailto:cdixon@coahomacc.edu) 662-621-4142

or

Mr. - H U R P H, [MR@Coahomacc.edu](mailto:MR@Coahomacc.edu) 662-621-4142

## Game Room

The Game Room located on the first floor in the Zee A. Barron Student Union. It is open to all students, faculty and staff of Coahoma Community College.

The Game Room hours of operation are:

Monday - Friday 11:00 a.m. - 3:00 p.m.

Monday - Thursday 4:00 p.m. - 9:00 p.m.

There are a variety of activities available in the Game Room. Video games, Pool tables, Ping Pong, Domino Checkers, and card games are available.

Some general rules for the Game Room include:

- ¥ Respect the equipment
- ¥ No sitting on the pool tables
- ¥ Be respectful to others
- ¥ Do not litter

- ¥ Watch your language
- ¥ Must present a valid Coahoma Community College student ID

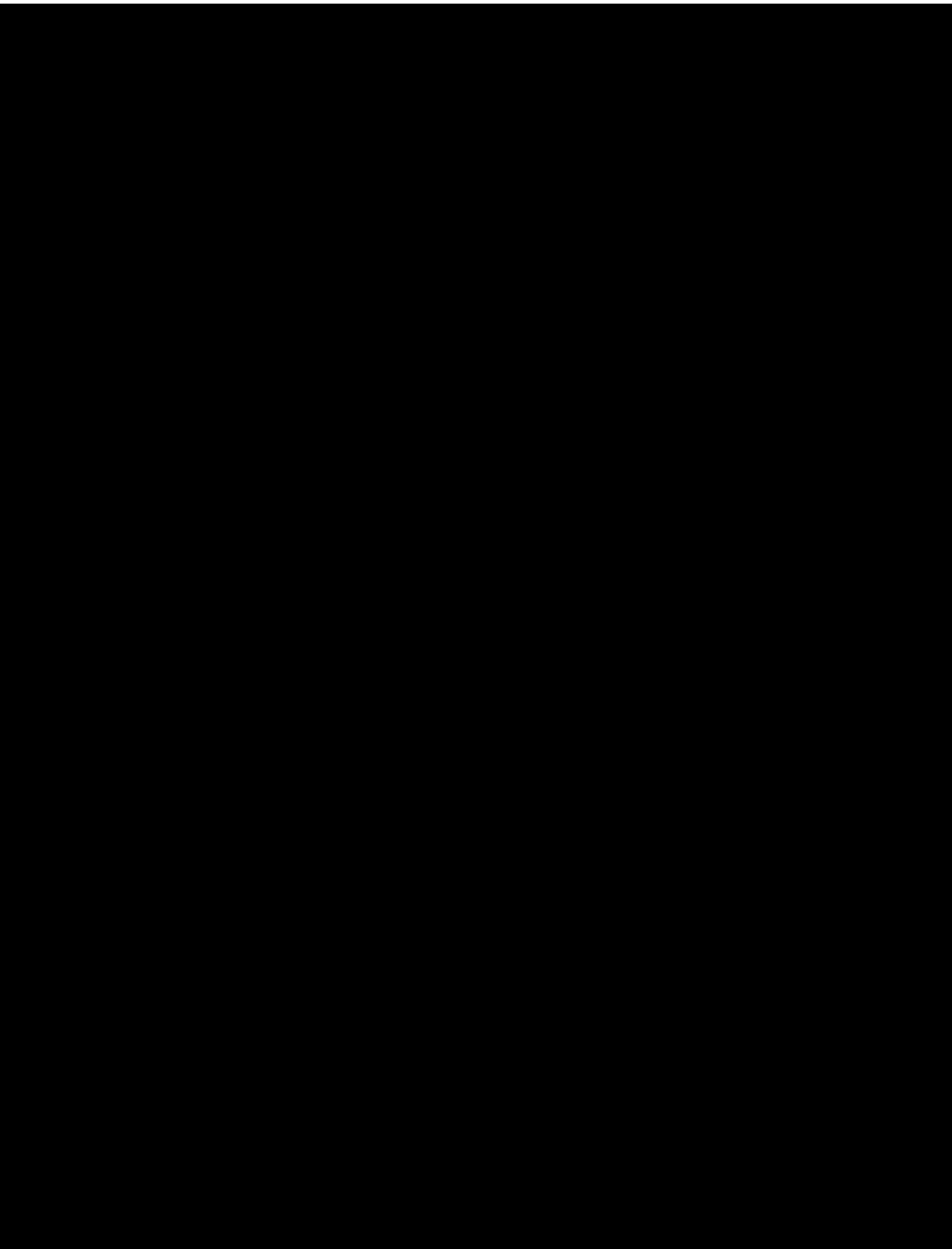
Refunds can be obtained in the Students Services Area Monday through Friday 12:00-06:00pm. located inside the game room.

#### Student Elections:

In coordination with the Division of Student Engagement, the Office of Student Activities facilitates the Student Government Association elections for student leadership positions on the Campus of Coahoma Community College. If all criteria are met that is outlined in the Coahoma Community College Student Handbook, all Student Identification Card Holding members of our campus community (on and off-site) have equal opportunity to apply and campaign for or be appointed by the Coordinator of Student Activities the following positions:

- ¥ Mr. Coahoma Community College
- ¥ Miss Coahoma Community College
- ¥ Homecoming Queen
- ¥ Student

# Appendix Of Sign In Sheets





# Coahoma Community College

## Student Activity Sign in Sheet

DATE \_\_\_\_\_

ACTIVITY \_\_\_\_\_

STUDENT ID #	NAME (FIRST AND LAST)	ON-CAMPUS	OFF-CAMPUS
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1. Hour of Operation\_\_\_\_\_

2. Equipment\_\_\_\_\_

3. Helpfulness of the staff\_\_\_\_\_

What time of day do you most likely attend the Game Room?

Afternoon

Evening

What changes should be made to the Game Room?

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What improvements should be made to the Game Room?

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COAHOMA COMMUNITY COLLEGE  
STUDENT ACTIVITIES AND INTRAMURAL SPORTS PROGRAM

MEDICAL RELEASE FOR TREATMENT

I authorize the designated staff member of Intramural and Recreational Activities to authorize on my behalf all appropriate medical treatments that may be required in the event of an illness or injury to

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Social Security Number

Resulting in any manner from participating in this College sponsored program. This authority is intended to cover any illness or injury sustained while participating in any activity associated with this program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature if Student is under 18

I, \_\_\_\_\_, understand that participation on this program is on a voluntary basis, and acknowledge that neither the College nor the Department of Student Activities or Intramural Sports will accept responsibility for injuries sustained while participating in program activities. Every Student and faculty/staff member is strongly encouraged to carry his or her own insurance for any unforeseen accident(s). I, the participant (parent or guardian if a minor), have read and understand this statement and agree to notify the Department of Student Activities or Intramural Sports if there is any change in my health status prior to activities. Any information I have provided on this form is true, correct and complete to the best of my knowledge.

RELEASE OF LIABILITY

I understand that parts of Department of Student Activities or Intramural Sports Program may be physically demanding. I recognize the inherent risk of injury in Student Activities or Intramural Sports Program. I understand that each participant must assume the risk of injury and any related financial responsibility that could result from participation in and Student Activities or Intramural Sports Program activity. I agree to hold harmless Coahoma Community College, its employees, staff, and volunteers from all claims, including bodily injury, that I may have on my behalf that may be sustained in connection with my participation in the abovementioned activities.

1. Signature \_\_\_\_\_ Date \_\_\_\_\_