SALISBURY UNIVERSITY
CAMPUS RECREATION DEPARTMENT
CLUB ROSTER

Club_____ **Semester**_____
Year_____

OFFICERS	NAME	PHONE	CLASS
President			
Vice President			
Secretary			
Treasurer			
Equipment Mgr.			
Coach			
Advisor			

PLEASE ALPHABETIZE AND PRINT

NAME	STUDENT ID#	PHONE #	INFO FORM	RELEASE	CLASS (Fr, So, Grad, etc)

***NOTE: No name may appear on this list unless a Assumption of Risk and Waiver of Liability form has been signed and is on file in the Sport Club Office.**

PLEASE ALPHABETIZE AND PRINT

NAME	STUDENT ID	PHONE	INFO	RELEASE	CLASS

***NOTE: No name may appear on this list unless a Release and Assumption of Risk form has been signed and is on file in the Sport Club Office.**