Faculty/Staff Advisor

Official Club Name ______________________________________________________

The sports club faculty/staff advisor must be employed by Salisbury University on a full-time basis. The coordinator of sports clubs must approve each club’s chosen advisor. The sports club must have a faculty/staff advisor by the first scheduled club event. This individual will assume advisory responsibilities as per the guidelines and the regulations set forth in the set forth in the Sports Club Handbook.

Faculty/Staff Advisor Information (Please print or type).

Name___________________________________________________________________

Department_______________________________    Phone# _______________________

Title____________________________________________________________________

Responsibilities:

1. Be informed of the purpose and programs of the sports club.
2. Be aware of policies and procedures for sports clubs contained in the Office of Student Activities, Organizations & Leadership Guide to Policies and Procedures.
3. Encourage organization’s members to assume responsibilities and meet their obligations to the sports club.
4. Advise the sports club with regard to fundraisers, budget, etc.
5. Assist in organizing the club at the beginning of the fall semester, thus lending some consistency to the on-going program.
6. Approve and sign appropriate forms for club travel, expenditures, etc.
7. Assist club officer with arranging the schedule of events for the sports club.
8. Travel with the club on all trips.

___________________________________________  ____________________________
Sports Club Faculty/Advisor              Date
Travel Roster/Itinerary Form

This form must be completed and submitted to the Sports Club Coordinator in Maggs Gym 146B at least 48 hours prior to departure or by 5 PM on the Wednesday prior to departure (whichever is earlier) in order for the club to officially represent the University and for funding for the trip to be made available.

**PLEASE PRINT**

Date Submitted ___________________

Club ______________________________ Person completing form ___________
Event _____________________________ Purpose of trip ______________________

Destination ___________________________ Date(s) of event _______

School       City

Contact person at competition site______________  Phone # ______________

Departure:   Day___________ Date______________ Time_____________
Return:Day___________ Date______________ Time_____________

Club officer in charge: __________________________ Phone # ______________

Advisor Traveling with club: ____________________________________________

Method of Travel ___________________  Univ. Equip. Taken________________

If driving, list the car owner and vehicle type and car license # below.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

# of nights _______  # of cars _______ # of participants ______(list on back)

If spending the night, list overnight lodging place for each night:

<table>
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<th>Place</th>
<th>Address</th>
<th>Phone #</th>
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Approved Travel Roster

Note: Everyone on this roster (including Faculty/Staff advisor) must have a Statement of Informal Consent on file with the sport club coordinator.

Name: __________________________________________

Emergency Contact: _______________________________

Name/Phone: _____________________________________
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Accident Report

NAME OF INJURED PARTY__________________________SOC. SECURITY # ________________________
LOCAL MAILING ADDRESS
_________________________________________________________________________
LOCAL DAYTIME PHONE_____________________________SEX_________________ AGE_______________

DETAILS OF ACCIDENT:
DATE  and TIME OF ACCIDENT________________________________________________________________
BLDG/CT#/FLD#________________
ACTIVITY______________________________________________________________________________________

PROGRAM:
INTRAMURALS   OPEN RECREATION   FITNESS   SPORT CLUBS   OTHER:__________

HOW DID INJURY OCCUR:
Collision w/obstacle   Collision w/participant   Collision w/playing surface
Equipment related   Non-contact   Unknown
Other:  DESCRIBE MORE SPECIFICALLY!

PART OF BODY INJURED
(Check if applicable)   Right   Left
Ankle   Arm   Back   Ear   Eye   Face   Finger   Foot   Groin   Hand   Head   Hip
Knee   Leg   Mouth   Neck   Nose   Shoulder   Toe   Torso   Wrist
Other_____________________________________________________________________________

DESCRIPT IN GREATER DETAIL!

SUSPECTED CLASSIFICATION OF INJURY
Concussion   Contusion/Brise   Dislocation/Break/Separation   Laceration
Other_____________________________________________________________________________

FIRST AID ADMINISTERED BY:

NAME _______________________________   DAYTIME PHONE #__________________
ACTION TAKEN:   Applied ice   Stopped bleeding   Kept immobile   Elevated
Other

DESCRIBE IN GREATER DETAIL!!!

SUBSEQUENT ACTION TAKEN

Taken to health center by ________________________ Driven to hospital by _______________

Sat out remainder of game  Resumed participation on own volition.

Other

IMPORTANT! Submit this completed form within 24 hours to the CRS Coordinator responsible for this program.

Accident Witness Name ________________________ Daytime Phone # _______________________

CRS Staff Preparing Form ________________________ Daytime Phone # _______________________

REVIEWED BY:

_________________________________________ Director __________________________________ AD/Coordinator
Informed Consent

I, ___________________________(name), a current SU student, faculty/staff member of ___________________________(sport club), in consideration of being able to participate in the Salisbury University Sport Club program, do hereby agree and acknowledge that I am familiar with said sport, have no physical conditions which would prevent me from participating in it, and have read the policies as prescribed in the Salisbury University Sport Club Handbook. I understand that participation in this sport can result in injury. I voluntarily assume the risks associated with the club and the sport, including travel and usage of any equipment and facilities, and will make no claim for any injury, illness, damage or loss sustained by me as a result of participation. I also acknowledge that Salisbury University does not provide any medical insurance coverage or life insurance for my participation in this program. I further agree to conform to all rules and regulations adopted by the Campus Recreation office as contained in this Policies and Procedures Handbook.

________________________    ____________________________________________
Participant      Date

__________________________________   _____________________________________________________
(Printed) Last name, First      Witness
Release of All Liability Claims

1. In consideration of the Salisbury University __________________Club providing instruction to me and attempting to further my knowledge, I ________________ (print name) hereby covenant not to bring any action legal, equitable, or otherwise or to make any claim of any nature whatsoever against Salisbury University, its officers, employees, and agents, the Salisbury University __________________Club and its officers, instructors, representatives and any other persons concerned with my participation in Salisbury University __________________Club activities, either directly or indirectly for any personal injury or injuries including death or property damage which I or others might sustain in engaging in club activities in club activities necessarily or incidentally associated either directly or indirectly with Salisbury University __________________Club activities.

2. I do hereby release and further discharge Salisbury University, its officers, employees and agents, the Salisbury University __________________Club and its officers, instructors, representatives and any other persons concerned with my participation in club activities, either directly or indirectly of any responsibility or liability of any nature to me for personal injuries, death or property damage which may occur either directly or indirectly as a result of my participation in Salisbury University __________________Club activities.

3. I make these covenants, releases and waivers knowingly and voluntarily with full knowledge of any existing dangers in training and Club activities; which dangers hereby further expressly voluntarily assume.

4. I further make these covenants, releases, and waivers to bind myself, my executive, heirs and administrators to the fullest extent.

5. I do hereby intend to legally bound hereby for myself, my heirs, administrators, executors, and assigns.

Signature ____________________  
Date _______________________________
Driver Registration

Full Name: __________________________________________________________________ (First)   (Middle)   (Last)

Driver’s License #: ____________________

Date of Birth: ____________________

State Issuing License: ____________________

Social Security # ____________________

I AGREE TO ALLOW THE FLEET MANAGER OF SALISBURY UNIVERSITY TO OBTAIN A COPY OF MY DRIVING RECORD FROM THE STATE MOTOR VEHICLE ADMINISTRATION OF THE STATE ISSUING MY DRIVER’S LICENSE NOW AND ON AN ANNUAL BASIS. I ALSO AGREE TO NOTIFY THE FLEET MANAGER IF MY DRIVING RECORD ACCUMULATES SIX OR MORE POINTS FOR MOVING VIOLATIONS.

Signature and Date: _________________________________________

Department for which you are driving: _________________________________

Person to Notify: _________________________________________

_____ Check here if you are currently a STUDENT of Salisbury University.

_____ Check here if you are currently an EMPLOYEE of Salisbury University but NOT a student.