

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:

Place	Address	Phone #

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 _____

DESCRIBE IN GREATER DETAIL!

SUSPECTED CLASSIFICATION OF INJURY

Concussion Contusion/Bruise Dislocation/Break/Separation Laceration

Other _____

FIRST AID ADMINISTERED BY:

NAME _____ DAYTIME PHONE # _____

ACTION TAKEN: Applied ice Stopped bleeding Kept immobile Elevated

Office of Student Activities, Organizations & Leadership

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

NAME _____

AGE _____ SS# _____

YEAR IN SCHOOL _____

CAMPUS ADDRESS _____

PHONE # _____

PERM. HOME ADDRESS _____ PHONE # _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME _____

ADDRESS _____

RELATION _____ PHONE # _____

(DAY) _____ (EVENING) _____

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.