



## Sport Clubs Member Eligibility Packet

**Step 1:** PRINT AND COMPLETE ELIGIBILITY PACKET: Be as thorough as possible when completing all four pages of this packet.

**Step 2:** SUBMIT COMPLETED PACKET TO SPORT CLUBS SUPERVISOR: Complete packet thoroughly and return to Sports Clubs Office located at the Student Recreation and Wellness Center. The Sport Clubs Supervisor will pass the packet to the Club President. You may not practice or compete until this packet has been submitted.

**Step 3:** PAY ALL DUES TO YOUR CLUB TREASURER: Total dues are set by the club. Contact club treasurer for total payment information in regards to dues if any apply.

### COMPLETE ALL PAGES BEFORE SUBMITTING TO SPORT CLUBS DEPARTMENT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Club Name: \_\_\_\_\_

Year of Participation (Check One):  New Player  Returning Player

Gender:  Male  Female

Coyote ID #: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

I have at least a 2.0 GPA

\_\_\_\_\_ (Player Initials)

## CODE OF CONDUCT CONTRACT

### ALCOHOL POLICY

I understand that I may not consume or be in possession of alcohol or illegal drugs while serving as a representative of the club and the institution. This includes, but is not limited to:

- Both on and off campus activities
- During travel from the time the club leaves CSUSB to the time the club returns to CSUSB
- Any activity, gathering, or social function that could be considered a club function due to the makeup of the participants

Failure to adhere to this policy will result in the loss of eligibility, funds and/or campus recognition. This includes attendance by members of one club to an activity sponsored by another club.

### CONDUCT POLICY

I understand that all teams are responsible for their players' conduct during practice, games, travel, and any place or time that the team has congregated or is visible to the public. Teams have a responsibility for the conduct of their fans. Failure to adhere to this policy may result in the loss of eligibility, funds and/or campus recognition. Members found in violation of the student conduct code are subject to disciplinary action through Student Judicial Affairs, which may result in formal sanction(s). Disciplinary sanctions may affect a student's ability to represent the university including participation in club sports. Participation of members on a disciplinary sanction is at the discretion of the Competitive Sports Coordinator.

Individual club members are responsible for their actions unrelated to their club participation. Individual actions, however, can still affect their participation in Sport Clubs. Actions that may result in the loss of club eligibility include, but are not limited to:

- Any behavioral infraction which results in placement on disciplinary probation by the Office of Student Engagement
- Academic performance which results in placement on academic probation, if the GPA drops below a 2.0
- Vulgar, obscene comments or gestures at practice or games
- Unsportsmanlike conduct of any kind at practice or games

### HAZING POLICY

No individual student or student organization may engage in or plan any activity that may be defined as "hazing." The California Education Code defines hazing as "any activity which causes or is likely to cause bodily danger, physical harm, or personal degradation or disgrace." In addition, neither individual nor organization may, be physical or mental stress or by subtle or covert technique, impair, make captive, or destroy an individual's freedom of thought or choice.

- Forcing new members to serve or follow orders of older members outside of the practice or game activity
- Physical exercise limited to new members
- Activities involving depriving sleep, food, water, or personal hygiene for new members
- Swearing at or insulting new members
- Forcing new members to wear embarrassing attire or perform humiliating acts in public.
- Forced consumption of alcohol, water, food, or other substances.
- Forced nudity or partial nudity for new members
- Physical beatings or smearing the skin with unpleasant substances
- Forced branding, piercing, tattooing, or head shaving.
- Sexual simulation or sexual assault.
- Kidnapping or forcible transport and/or abandonment of new members

### NON-DISCRIMINATION POLICY

I hereby agree that the members of this organization are free to choose and accept new members without discrimination as to race, religion, national origin, or sexual orientation.

**By signing below, I agree to the policies stated above, and understand that failure to fulfill these obligations can result in the loss of eligibility for Sport Club participation and individual sanctions or prosecution if warranted.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Club Name: \_\_\_\_\_

## ATHLETE MEDICAL HISTORY

Club Name: _____
Name: _____ Student I.D. # _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email Address: _____

Emergency Contact #1: _____ Relationship: _____ Phone: _____
Emergency Contact #2: _____ Relationship: _____ Phone: _____

Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No: _____ Policy #: _____
Group #: _____ Phone: _____
City: _____ State: _____ Zip: _____ Phone: _____

**PLEASE ANSWER THE QUESTIONS BELOW TRUTHFULLY AND TO THE BEST OF YOUR ABILITY.**

### **GENERAL**

- Yes  No Are you presently taking any prescribed medication(s) (inhalers, ADHD medication, etc.)?  
If yes, please list: \_\_\_\_\_
- Yes  No Diabetic?
- Yes  No Do you have high blood pressure or have taken medication for high blood pressure in the past?
- Yes  No Have you ever suffered from heat exhaustion or stroke?
- Yes  No Are you allergic to any medications, insect bites or any other allergies? (food allergy, hay fever, etc.)

### **HEAD AND NECK INJURIES:**

- Yes  No Have you been unconscious or experienced a concussion?  
If yes, give dates: \_\_\_\_\_
- Yes  No Have you ever been hospitalized for a head injury?  
If yes, when and how long: \_\_\_\_\_
- Yes  No Have you ever been hospitalized for a neck injury?  
If yes, when and how long: \_\_\_\_\_

**EYES AND DENTAL:**

- Yes  No Do you wear contact lenses or corrective glasses during athletic participation?  
 Yes  No Do you wear any dental appliance?  
If yes, explain: \_\_\_\_\_

**BONES AND JOINT**

- Yes  No Have you ever had a wrist/hand fracture or severe injury?  
 Yes  No Have you experienced a severe sprain, dislocation, or fracture to either elbow?  
 Yes  No Have you had a shoulder dislocation, separation, or other should injury?  
 Yes  No Have you had knee arthroscopy or surgery? Other injuries to your knees?  
If yes, please list: \_\_\_\_\_  
 Yes  No Do you wear a knee brace?  
If yes, please list: \_\_\_\_\_  
 Yes  No Have you experienced a severe ankle sprain or surgery to your foot or ankle?  
 Yes  No Have you had an injury to your upper or lower back?  
 Yes  No Do you experience pain in your back  Seldom  Occasionally  Frequently  
 Yes  No Do you wear orthotics?  
If yes, why? \_\_\_\_\_  
If yes, who prescribed them? \_\_\_\_\_

**ILLNESS AND CARDIOPULMONARY**

- Yes  No Do you have any type of blood disorder (hemophilia, anemia, sickle cell trait, etc.)?  
If yes, give details: \_\_\_\_\_  
 Yes  No Do you have asthma or have been treated for an asthma attack?  
 Yes  No Do you carry and/or use an inhaler when participating in athletics?  
If yes, give name of inhaler: \_\_\_\_\_  
 Yes  No Been told you have a heart murmur or any heart conditions?  
If yes, please specify? \_\_\_\_\_  
 Yes  No Experienced "irregular" heartbeat, dizziness or chest pain during exercise?  
If yes, give details: \_\_\_\_\_

**By signing, I have read and answered all of the above questions completely and truthfully to the best of my knowledge. I understand that my health insurance information is correct and my emergency contact is valid.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CSU Waiver

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

### CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO SANTOS MANUEL STUDENT UNION ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY

In consideration of the use of the property, facilities, and/or services of the California State University, San Bernardino Santos Manuel Student Union including its Recreation and Wellness Center (CSUSB Santos Manuel Student Union) participating or sponsoring recreation and wellness programs, including any travel related thereto, the undersigned agrees as follows:

**1. RISK FACTORS.** The undersigned understands and acknowledges that the use of equipment, facilities, and services provided by CSUSB Santos Manuel Student Union programs and any other programs and services sponsored by CSUSB Santos Manuel Student Union involves risks such as, but not limited to, the following which might result from the use of the equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care: **RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH.**

**2. ASSUMPTION OF THE RISK.** The undersigned **ASSUMES ALL RISKS THAT ARISE OUT OF THE USE OF THE PROPERTY, EQUIPMENT, SERVICES, OR FACILITIES, THE ACTIVITY ITSELF, THE ACT OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE**, including but not limited to, those **RISK FACTORS** described in section 1 above.

**3. ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES.** The undersigned acknowledges reading and knowing all of the policies and procedures relating to the activities, facilities, and/or equipment and understands that the safe and proper use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures.

**4. PREREQUISITE SKILLS AND TRAINING.** The undersigned acknowledges that he or she has the requisite skills, qualifications, physical abilities, and training necessary to properly and safely use the equipment and facilities and to participate in the activity itself. The undersigned agrees that if he or she has any questions as to what skills, qualifications, or training is necessary to properly use the equipment, facility, or participate in the activity itself, then they shall direct such questions to the appropriate staff member on-site.

**ITEMS 1-4: Initials** \_\_\_\_\_

**5. RELEASE.** The undersigned **RELEASES CSUSB** Santos Manuel Student Union, the State of California, the trustees of the California State University, California State University, San Bernardino, the officers, employees and agents of each other representatives in connection with the use of the property, facilities, and/or services, and discharge from any and all liability in conjunction with any claims, causes of action, injuries, damage, or cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

**6. WAIVER.** The undersigned waives the protection afforded by any statute or law in any jurisdiction including California Code 1542 which states: "a general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that if known by him or her would have materially affected his or her settlement with the debtor or released party."

**7. INDEMNIFY AND DEFEND.** The undersigned agrees to **INDEMNIFY AND DEFEND** CSUSB Santos Manuel Student Union, the State of California, the trustees of the California State University, California State University, San Bernardino, the officers, employees and agents of each other representatives (hereinafter jointly referred to as "indemnity") of each against, and hold them harmless from any or all claims, causes of action, damage

judgments, cost or expenses, including attorney fees which in any way arise from the activity or this agreement and which include but are not limited to damages to or destruction of any property of the indemnity, of any others, injury or death to the undersigned or anyone else or any liability arising from the act or negligent act of the indemnity, the undersigned or anyone else.

**ITEMS 5–7:** Initials \_\_\_\_\_

**8. PROPERTY DAMAGE.** The undersigned agrees to pay CSUSB Santos Manuel Student Union for any and all damages to any property or indemnity caused by the undersigned either negligently, willfully or otherwise.

**9. REPRESENTATIVES.** The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.

**10. EMERGENCY TREATMENT CONSENT.** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

**11. INSURANCE.** The undersigned understands that the California State University, San Bernardino and its Auxiliary Organizations do not carry participant insurance. The undersigned is encouraged to have a physical examination and purchase health insurance prior to any and all participation therein.

**ITEMS 8–11:** Initials \_\_\_\_\_

**12. ACKNOWLEDGMENT.** The undersigned has read and understands this agreement and realizes it relates to surrendering and releasing valuable legal rights and does so freely and voluntarily.

**13. CHOICE OF LAW.** This Agreement will be governed by and construed in accordance with the laws of the State of California without giving effect to the principles of conflict of laws. The parties irrevocably and unconditionally consent to submit to the exclusive jurisdiction of the courts of the State of California and of the United States of America located in the State of California for any actions, suits or proceedings arising out of or related to this Agreement. This Agreement is deemed by the parties to have been executed and delivered in San Bernardino, California.

**14. FORM AND VENUE.** Any dispute arising under this License shall be resolved in the Federal and State courts in and for Orange County, California, and each party hereto submits to the exclusive jurisdiction of such courts and waives any objection to the venue of such courts. Each party waives all rights to trial by jury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT AND RELEASE ON BEHALF OF MINOR** I am the parent and/or guardian of the above-named minor. I have read and understand the agreement involves surrendering valuable legal rights of the minor and myself. I agree to be bound by all terms of this agreement. I also give my consent to the participation in the activity of the minor. \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian – Consent and Release on Behalf of the Mino