

## 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 Sport Clubs Office located at the Student Recreation and Fitness Center. The Sport Clubs Supervisor will pass on the packet to the Club President. You may not practice or compete until this packet has been submitted.

**Step 3: PAY 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. Student-athletes 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 varsity and/or club sports. Participation of student-athletes on a disciplinary sanction is at the discretion of the Director of Sport Clubs.

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 Judicial Affairs
- academic performance which results in placement on academic probation, or a GPA drops below 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, by physical or mental stress or by subtle or covert technique, impair, make captive, or destroy an individual's freedom of thought or choice.

Examples of hazing include, but are not limited to:

- 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  Yes  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.)?  
If yes, please specify: \_\_\_\_\_

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

(Continued)

**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 \_\_\_\_\_

**BONE 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 shoulder 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, who prescribed it? \_\_\_\_\_

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 condition?

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

### RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: \_\_\_\_\_

Activity Date(s) and Time(s): \_\_\_\_\_

Activity Location(s): \_\_\_\_\_

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, San Bernardino, The Santos Manuel Student Union, The Associated Students Incorporated of California State University, San Bernardino and the university's Auxiliary Organizations, their employees, officers, directors, volunteers and agents (hereinafter collectively referred to as "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

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

Participant Name (print): \_\_\_\_\_

*If Participant is under 18 years of age:*

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (Print)

\_\_\_\_\_  
Minor Participant's Name