



**ANNUAL CLUB SPORT FORMS**  
CARROLL UNIVERSITY DEPARTMENT OF RECREATIONAL SPORTS

*The following forms must be completed according to the dates listed below. Failure to submit these forms on time may result in denial to participate in contests.*

- A. Team Roster --
- B. Club Officer List --
- C. Budget Template --
- D. Club Sport Schedule --
- E. Medical Release Information of any NEW participants -- **due before first competition**
- F. Club Sports Waiver and Release of Liability of any NEW participants -- **due prior to each member's first practice**
- G. Injury/Incident Form -- **due prior to each member's first practice**
- H. End of Season Summary -- **due one week after final competition or event**

**FORM A: TEAM ROSTER**

**CLUB NAME:** \_\_\_\_\_

*The Department of Recreational Sports reserves the right to refuse a Club Sport for any reason. In the event of refusal, a representative from the RecSports Staff and the primary contact or the proposed Club Sport will meet to identify an acceptable alternative.*

*By signing this form, I am stating that I agree to abide by the rules, regulations, and policies of the Club Sports program at Carroll University. I know that if I ever have questions about what those rules, regulations and policies are or how they apply to a certain situation, I am to consult with my club advisor, club president or a representative from the Department of Recreational Sports before proceeding. I realize that if I do not adhere to these responsibilities as a club sport member, I could lose my opportunity to compete and possibly jeopardize the right of the club to continue to exist as well.*

<b><u>PRINTED NAME</u></b>	<b><u>SIGNATURE</u></b>	<b><u>ID #</u></b>	<b><u>YEAR</u></b>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____
9 _____	_____	_____	_____
10 _____	_____	_____	_____
11 _____	_____	_____	_____
12 _____	_____	_____	_____
13 _____	_____	_____	_____
14 _____	_____	_____	_____
15 _____	_____	_____	_____
16 _____	_____	_____	_____
17 _____	_____	_____	_____
18 _____	_____	_____	_____
19 _____	_____	_____	_____
20 _____	_____	_____	_____
21 _____	_____	_____	_____
22 _____	_____	_____	_____
23 _____	_____	_____	_____
24 _____	_____	_____	_____
25 _____	_____	_____	_____

**FORM B: CLUB OFFICER LIST**

*\*By signing this form, I agree to take an active role in the start-up process of the proposed Club Sport and will continue my active role if the Club Sport is approved.*

**-PRESIDENT:** \_\_\_\_\_

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

**CELL PHONE:** \_\_\_\_\_

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

**-VICE PRESIDENT:** \_\_\_\_\_

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

**CELL PHONE:** \_\_\_\_\_

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

**-TREASURER:** \_\_\_\_\_

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

**CELL PHONE:** \_\_\_\_\_

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

**-SECRETARY:** \_\_\_\_\_

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

**CELL PHONE:** \_\_\_\_\_

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

**-COACH (Optional):** \_\_\_\_\_

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

**CELL PHONE:** \_\_\_\_\_

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

**-ADVISOR:** \_\_\_\_\_

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

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

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

**CELL PHONE:** \_\_\_\_\_

**OFFICE PHONE:** \_\_\_\_\_

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

---

**FORM C: CLUB SPORT BUDGET TEMPLATE**

CLUB NAME: \_\_\_\_\_  
 CLUB ADVISOR: \_\_\_\_\_  
 CLUB PRESIDENT: \_\_\_\_\_  
 CLUB TREASURER: \_\_\_\_\_

**EXPENSES**

**ITEMIZED LIST OF EQUIPMENT:**

<u>ITEM</u>	<u>COST</u>	<u>QUANTITY</u>	<u>TOTAL</u>
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____

**TOTAL =** \_\_\_\_\_

**COACHING, FACILITY RENTALS, INSTRUCTION (Place, Type, or Reason):**

<u>DETAIL</u>	<u>COST</u>	<u>QUANTITY</u>	<u>TOTAL</u>
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____

**TOTAL =** \_\_\_\_\_

**LEAGUE FEES (Tournaments, Affiliation, etc.):**

\_\_\_\_\_

**TOTAL =** \_\_\_\_\_

**OFFICIAL FEES:**

<b>NUMBER OF OFFICIALS</b>	<b># OF EVENTS</b>
_____	_____

**TOTAL =** \_\_\_\_\_

**TRAVEL EXPENSES:**

<b><u>TRANSPORTATION:</u></b> _____	<b><u>LODGING:</u></b> _____	<b><u>GAS:</u></b> _____
-------------------------------------	------------------------------	--------------------------

**TOTAL =** \_\_\_\_\_

**MISCELLANEOUS ITEMS:**

_____	<b>COST</b>
_____	_____
_____	_____

**EXPENSE TOTAL =** \_\_\_\_\_

**FORM D: CLUB SPORT SCHEDULE**

**OFFICIAL START DATE OF THE SEASON:** \_\_\_\_\_  
**OFFICIAL FINISH DATE OF THE SEASON:** \_\_\_\_\_

**PRACTICE SCHEDULE**

The initial schedule is tentative and can be subject to change.

**FALL**

**DAY OF THE WEEK:**  
**SU:**            **M:**            **T:**            **W:**            **TH:**            **F:**            **SA:** \_\_\_\_\_

**TIME OF DAY:**  
\_\_\_\_\_

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

**J - TERM**

**DAY OF THE WEEK:**  
**SU:**            **M:**            **T:**            **W:**            **TH:**            **F:**            **SA:** \_\_\_\_\_

**TIME OF DAY:**  
\_\_\_\_\_

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

**SPRING**

**DAY OF THE WEEK:**  
**SU:**            **M:**            **T:**            **W:**            **TH:**            **F:**            **SA:** \_\_\_\_\_

**TIME OF DAY:**  
\_\_\_\_\_

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

Date	Time	Opponent(s)	Location	Coach/Advisor

**APPROVED:** \_\_\_\_\_  
(Director of Recreation)

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

**FORM E: CLUB SPORTS MEDICAL INFORMATION & RELEASE**

PARTICIPANT'S NAME: \_\_\_\_\_  
STUDENT ID#: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
CAMPUS ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
PERMANENT ADDRESS: \_\_\_\_\_

I. Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

II. Medical/Hospitalization Insurance Coverage Information

Relevant emergency medical information (asthma, allergies to medication, previous history of seizures, heart or kidney disease, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all that apply (must fill out both if you have school and personal insurance):

- I do not have insurance, I understand I am responsible risk of any injuries, regardless of severity, and including death, that I may incur to myself and all risk of damage to or loss of property which may occur as a result of my participation in the Department of Recreational Sports or that may result when I am traveling in a college vehicle to and from a college sponsored event or to and from any Sport Club event and that Carroll University and the Department of Recreation Sports will not cover costs.
- I am subscribed to Carroll University Student Health Insurance Policy
- I have coverage through my parents' health insurance or a personal health insurance policy. If so, please answer the following:

Name of Agency: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dates for which coverage is provided: From: \_\_\_\_\_ To: \_\_\_\_\_

Does it cover you out of your home state and/or out of Wisconsin?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**By signing below, I verify that: a) I have no physical impairments that might put myself or others in danger by my participation in club sports activities; b) I will abide by all University and applicable Club Sports regulations regarding participation; and c) if I become injured in the course of my participation, and am unable to seek treatment for myself, I hereby give permission for emergency medical treatment to be sought for me by representatives of Carroll University. d) I understand if I do not have insurance I am responsible for all costs and Carroll University and the RecSports Department will not cover any costs.**

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian if Participant is a minor)

\_\_\_\_\_  
(Date)

**FORM F: CLUB SPORTS WAIVER AND RELEASE OF LIABILITY**

Participant's Name: \_\_\_\_\_

I am fully aware of the rules and hazards connected with participating in Carroll University Department of Recreational Sports \_\_\_\_\_ (Club). I knowingly and voluntarily assume the risk of any injuries, regardless of severity, and including death, that I may incur to myself and all risk of damage to or loss of property which may occur as a result of my participation in the Department of Recreational Sports or that may result when I am traveling in a college vehicle to and from a college sponsored event or to and from any Sport Club event.

I verify that I have no physical disabilities, impairments, or chemical dependencies that might inhibit my participation in sports activities, have major medical health insurance coverage which does not exclude injuries which result from participation in a sport club program, and that I have recently had a complete physical examination.

I, for myself, my heirs, successors, and assignees do hereby release, discharge and waive any and all responsibility of The Board of Trustees of Carroll University, its officers, agents, representatives, and employees from and against all claims of liability from any and all trauma, injury, damage, expense, handicap, disability including death, and from damage to or loss of property which may be suffered by arising out of, or in any way resulting from or attributable in whole or in part to my traveling to or from, training for, being coached in, using sports equipment, or participating in the above named Club Sports program. No judgment on my skill level was exercised by Carroll University in allowing me to participate in the Club Sports program.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and I agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the State of Wisconsin.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that, by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Carroll University or any of the parties listed above.

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian if Participant is under 18)

\_\_\_\_\_  
(Date)

**FORM G: OFF-CAMPUS INJURY REPORT FORM**

Name of Person Injured: \_\_\_\_\_  
Name of Person filling out form: \_\_\_\_\_  
Phone # of Person filling out form: \_\_\_\_\_  
Status of Person Involved (circle all that apply):

Incident Date: \_\_\_\_\_  
Incident Time: \_\_\_\_\_  
Date form is filled out: \_\_\_\_\_

**STUDENT                      FACULTY                      STAFF                      OTHER                      VISITOR**

**ATHLETIC INJURY (describe):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MINOR (under 18):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Describe as precisely as possible the location *where* the event occurred:** \_\_\_\_\_  
\_\_\_\_\_

**If injury occurred at an off-campus location, was the activity University-sponsored?**                      YES                      NO

**What happened and how? Include sequence of events, extent of damage, nature of illness or injuries, device or machine used, activity involved, etc:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Witness:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Name of Witness:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Was Public Safety notified?**                      YES                      NO

**Responding Officer:** \_\_\_\_\_

**Was First Aid given? Describe.**                      YES                      NO

**Did victim refuse further treatment?**                      YES                      NO

**Was ambulance called?**                      YES                      NO

**Did victim go to a hospital or clinic off site?**                      YES                      NO

**What was the mode of transport? (if yes):** \_\_\_\_\_

**SIGNATURE OF PERSON IJURED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Signature of Person filling out form:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**FORM H: END OF SEASON SUMMARY**

CLUB NAME: \_\_\_\_\_

YEAR: \_\_\_\_\_

NUMBER OF PARTICIPANTS: MEN: \_\_\_\_\_ WOMEN: \_\_\_\_\_ TOTAL: \_\_\_\_\_

NUMBER OF PRACTICES: \_\_\_\_\_

NUMBER OF EVENTS or CONTESTS: \_\_\_\_\_

TEAM WINS: \_\_\_\_\_ TEAM LOSES: \_\_\_\_\_

INDIVIDUAL RECORDS or AWARDS: \_\_\_\_\_

LEAGUE AFFILIATION: \_\_\_\_\_

EXPENDITURES: \_\_\_\_\_

**KEY PLAYERS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MAJOR CONTRIBUTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEASON HIGHS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEASON LOWS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS, EVALUATIONS, RECOMMENDATIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NEXT YEAR'S OFFICERS**

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

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

**VICE PRESIDENT:** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

**FROM K: INVENTORY FORM BEGINNING & END OF SEASON**

Quantity	Item Description	Location/possession	Condition	New/Old Purchase
10	Jerseys	Ganfield/Sarah	Good	Purchased this year (2017)

\*\*Equipment was purchased with University Dollars therefore clubs do not own the equipment once the season is done. If all equipment is not turned in at the end of the season the club team will not continue the following year.\*\*