Sport Clubs 2015-2016
Membership Application

Club Name: ______________________
Member Name: ______________________

Office Use Only CHECKLIST

☐ CSU Waiver & Release of Liability
☐ Member Contacts, Emergency Information & Health Insurance
☐ Copy of Health Insurance card (your name on the card)
☐ Copy of Driver’s License (or school ID if not a driver)

For office use

☐ Form Completed

☐ Team Sports Supervisor Signature: _____________________________ Date: __________
RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: ________________________________ CLUB. All Club events

Activity Date(s) and Time(s):
All applicable practices' dates/times & all dates/times specified on trip/game approval forms

Activity Location(s):
All applicable practices' locations & all locations specified on trip/game approval forms

In consideration for being allowed to participate in this Activity and/or use of the Premises or Facility, 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 Marcos and their employees, officers, directors, volunteers and agents (collectively “University”) and the San Marcos University Corporation, University Auxiliary & Research Services Corporation (UARSC) and their employees, officers, directors, volunteers and agents (collectively “Auxiliary”) from any and all claims, including claims of the University’s or Auxiliary Organization’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 and/or property damage. 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 and the Auxiliary Organizations 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 or the Auxiliary Organizations incur any of these types of expenses, I agree to reimburse the University or the Auxiliary Organizations. 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 and the Auxiliary Organizations from all liability, (b) promising not to sue the University and the Auxiliary Organizations (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: ________________________ Participant Name (print): __________________________ Date:________

Emergency Contact (print): ___________________________ Phone: __________

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 and the Auxiliary Organizations from all liability, (b) promising not to sue the University and the Auxiliary Organizations (c) and assuming all risks of participating 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 (print) _______________________
MEMBER CONTACT

NAME: ___________________________  GENDER: __________________

EMAIL: ___________________@cougars.csusm.edu PHONE#: __________________

DATE OF BIRTH: _______________ SCHOOL ID#: _______________________

LOCAL ADDRESS: __________________________________________________

______________________________________________________________

ANTICIPATED GRADUATION: _______________ MAJOR: __________________

ALLERGIES: ______________________________________________________

MEDICATIONS: __________________________________________________

OTHER: _________________________________________________________

EMERGENCY CONTACT:  NAME: ________________________________

RELATIONSHIP: _________________ PHONE#: _______________________

HEALTH INSURANCE INFORMATION

NAME: ______________________ PHONE#: __________________________

INSURANCE ADDRESS: __________________________________________

______________________________________________________________

NAME OF POLICY HOLDER: ______________ GROUP POLICY#: __________

SUBCRIBER POLICY #: ______________ POLICY HOLDER’S #: ___________

By my signature, I agree to the release of the information of this form to Campus Recreation of CSU San Marcos Recreation and Program for its use.

________________________________________________________________

(Signature)                                              (Date)

Parent/Guardian Signature (if under 18 year of age)

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