

University of California, Santa Cruz
Office of Physical Education, Recreation and Sports
Sports Club Program

2012 SPORTS CLUB APPLICATION FORM *for returning clubs*

Complete this application for Sports Club Membership prior to engaging in any official club activities. Once it is completed turn it in to the Sports Club Office, upstairs at the Main OPERS Building at the East Fieldhouse. You can contact the Sports Club Supervisor Kevin "Skippy" Givens at info@ucscsportsclubs.com or 831-459-4220

Criteria for Sports Club Membership:

All clubs must have 10 active members in order to be official. There is no limit to the number on a team.

The Club's purpose and the nature of its activities must be to compete against other Universities.

Suitable on-campus facilities must be in place and available for the team to practice. Any off campus facility use must be pre-approved by the Sports Club Supervisor.

The club must be financially responsible, self reliant and must continue to operate in that capacity.

The initial equipment needs must be met by the club.

Adequate competition must be available within a 300 mile radius of UCSC.

No duplicate activities can be in place.

The Sports Club staff must not be overly burdened by offset work load created by the club.

NAME OF CLUB _____

SPORT: _____

PURPOSE OF CLUB: _____

OVER

Current Membership (list total number):

Undergraduate Males _____ Undergraduate Females _____

Graduate Males _____ Graduate Females _____ TOTAL _____

CLUB OFFICERS (List all positions within your club)

| POSITION | NAME | email |
|----------|------|-------|
|----------|------|-------|

COACHING INFORMATION:

NAME OF COACH _____

COACHES CONTACT INFO _____

NAME OF COACH _____

COACHES CONTACT INFO _____

NAME OF COACH _____

COACHES CONTACT INFO _____

Use back of this form if you have more than 3 coaches.

NAME OF SANCTIONING BODY: _____

Check list of items that need to be submitted to the Sports Club Office:

___ ROSTER OF PLAYERS ___ LEAGUE/GAME SCHEDULE

___ MEDICAL FORMS FOR ALL PLAYERS ___ WAIVERS FOR ALL PLAYERS

___ INSURANCE INFO FOR ALL PLAYERS ___ BUDGET FOR UPCOMING YEAR

NAME Undergrad/Grad? Email SIGNATURE

Insurance carrier and policy number

home address

NAME Undergrad/Grad? Email SIGNATURE

Insurance carrier and policy number

home address

NAME Undergrad/Grad? Email SIGNATURE

Insurance carrier and policy number

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