### EMU Club Sports Required Paperwork Chart

**2012 – 2013**

<table>
<thead>
<tr>
<th>Form/Information</th>
<th>Required on file</th>
<th>Completed by Indiv. or Club?</th>
<th>Completion Deadline 5 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mandatory, w/ set deadline</strong></td>
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<tr>
<td>Information Form</td>
<td>mandatory club</td>
<td></td>
<td>Sept. 21, 2012</td>
</tr>
<tr>
<td>Equipment Inventory</td>
<td>mandatory club</td>
<td></td>
<td>Sept. 21, 2012 and April 19, 2013</td>
</tr>
<tr>
<td>Semester Summary</td>
<td>mandatory club</td>
<td></td>
<td>One week following last contest – 1st &amp; 2nd Semester</td>
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<tr>
<td><strong>Completed by or before practice/play</strong></td>
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<tr>
<td>Fall Operation Form</td>
<td>mandatory club</td>
<td></td>
<td>7 days before first practice/tryouts</td>
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<tr>
<td>Spring Operation Form</td>
<td>mandatory club</td>
<td></td>
<td>7 days before first practice/tryouts</td>
</tr>
<tr>
<td>Fall Schedule</td>
<td>mandatory club</td>
<td></td>
<td>7 days before first contest/game</td>
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<tr>
<td>Winter Schedule</td>
<td>mandatory club</td>
<td></td>
<td>7 days before first contest/game</td>
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<tr>
<td>Fall Team Roster</td>
<td>mandatory club</td>
<td></td>
<td>7 days before first fall contest/game</td>
</tr>
<tr>
<td>Winter Team Roster</td>
<td>mandatory club</td>
<td></td>
<td>7 days before first spring contest/game</td>
</tr>
<tr>
<td>Release of Liability Form</td>
<td>mandatory individual</td>
<td></td>
<td>before indiv. participates (turn in w/ roster)</td>
</tr>
<tr>
<td>Special Event Application</td>
<td>*mandatory club</td>
<td></td>
<td>2 weeks prior to hosting event</td>
</tr>
<tr>
<td><strong>Travel</strong></td>
<td></td>
<td></td>
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<tr>
<td>Travel Roster/Itinerary</td>
<td>*mandatory club</td>
<td></td>
<td>Wednesday prior to departure</td>
</tr>
<tr>
<td>Post-Travel Summary</td>
<td>*mandatory club</td>
<td></td>
<td>Wednesday upon returning from away trip</td>
</tr>
<tr>
<td><strong>As Needed...</strong></td>
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<tr>
<td>Coach/Instructor Profile</td>
<td>*mandatory coach</td>
<td></td>
<td>(*if applicable), 7 days after their starting date</td>
</tr>
<tr>
<td>Coach/Instructor Contract</td>
<td>*mandatory coach and club (*if applicable)</td>
<td></td>
<td>7 days after their starting date</td>
</tr>
<tr>
<td>Accident/Incident Report</td>
<td>*mandatory indiv./club</td>
<td></td>
<td>Filled out &amp; submitted within 24 hours of incident Weekends – Monday morning by 9:00am</td>
</tr>
</tbody>
</table>
Name of Club _____________________________________________________________

Team Contacts:

**President** - Name __________________________ Local Address____________________________
Phone Number_________________________ Email Address________________________________

**Vice-Pres.** - Name __________________________ Local Address____________________________
Phone Number_________________________ Email Address________________________________

**Treasurer** - Name __________________________ Local Address____________________________
Phone Number_________________________ Email Address________________________________

**Secretary** - Name __________________________ Local Address____________________________
Phone Number_________________________ Email Address________________________________

**Faculty/Staff Advisor's** Name________________________________________
Advisor's Department________________________________________________

For the info below, if you don't know exact dates, at least approximate...
Most of this information is needed so our office can field the flood of calls we get the first few days/weeks of
school. **Please get this info to us so we can pass it on to those who need it!**

When, where, what time will your club hold its first organizational meeting this year for prospective
players?__________________________________________
___________________________________________________________________________

When, where, what time will your first practice occur?__________________________
___________________________________________________________________________

Will you be holding tryouts?____ If so, when, where, what time will the tryouts take
place?__________________________________________
___________________________________________________________________________

When will your first game/event occur?_______________________________________
EASTERN MICHIGAN UNIVERSITY CLUB SPORTS
EQUIPMENT INVENTORY RECORDS FORM – 2012-13

(Mandatory) (due by September 21, 2012, and April 19, 2013)

Club __________________________________________________________________________
Person Making Report _____________________________________________________________________ Date ____________________________

“How Acquired?:” Key: Donated = gift; Club = paid for by club; SG fd = paid by Student Gov. Funding

<table>
<thead>
<tr>
<th># of Items</th>
<th>Description of Item(s) (brand, model, size, etc.)</th>
<th>Condition: Bad, Fair, Good, Exc.</th>
<th>Est. Value/Item</th>
<th>Total Value, All</th>
<th>How Acquired? Donation, Purchase, etc</th>
<th>Equipment Stored Where?</th>
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</thead>
<tbody>
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ESTIMATED TOTAL VALUE OF INVENTORY $________________


Name of Club ________________________________________________________________

Semester/Year ______________________________________________________________

Number of members on the roster ________________________________

Date of first practice this semester ________________________________

Date of last game or practice this semester ________________________________

Total Number of Practices held during the semester ________________

Average Attendance at practices this semester ______________________________

Number of Dual Games/Matches:  Home _________  Away _________
(If club had more than one team competing, give total combined figures.)

Number of Tournaments Entered:  Home _________  Away _________
(If club had more than one team competing, give total combined figures.)

Number of Tournament Games/Matches Played:  Home _________  Away _________
(If club had more than one team competing, give total combined figures.)

Average number of EMU club members dressed per home contest _____________

Average number of EMU club members dressed per away contest ______________

Highlights: __________________________________________________________________

___________________________________________________________________________

Areas where club needs improvement: ___________________________________________________________________

___________________________________________________________________________

COMMENTS, EVALUATION, AND RECOMMENDATIONS:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
EASTERN MICHIGAN UNIVERSITY CLUB SPORTS
OPERATION FORM: 2012 – 2013

(Mandatory) (due 7 days before club’s first practice/tryouts -- Fall and Spring Semester)

Club Name: _____________________________________________________________

Season: (Specify Fall or Spring): ________________________________

Club Advisor: ________________________________ EMU Title: ________________________________

Campus Address: ________________________________ Department: ________________________________

Campus Phone #: ________________________________ E-Mail Address: ________________________________

Head Coach: ____________________________________________________________

Name | Address
-----|-------------------

Phone # | E-mail Address
-------|-------------------

Indoor Practice/Game Season Beginning Date: ________________________________

Indoor Practice/Game Season Ending Date: ________________________________

Outdoor Practice/Game Season Beginning Date: ________________________________

Outdoor Practice/Game Season Ending Date: ________________________________

Practices: Day of week ________________ Time ____________ Site ________________________________

Day of week ________________ Time ____________ Site ________________________________

Day of week ________________ Time ____________ Site ________________________________

Day of week ________________ Time ____________ Site ________________________________

Day of week ________________ Time ____________ Site ________________________________

Tryouts: Day of week ________________ Time ____________ Site ________________________________

Day of week ________________ Time ____________ Site ________________________________

Day of week ________________ Time ____________ Site ________________________________

Day of week ________________ Time ____________ Site ________________________________

Day of week ________________ Time ____________ Site ________________________________

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *
Type up a list of dates and times of practice and games.
EASTERN MICHIGAN UNIVERSITY  
CLUB ROSTER: 2012-2013  
(Mandatory) (Fall and Spring: Due 7 days before first practice)

Club:  
Club Member Completing form:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Student EID#</th>
<th>Local Address</th>
<th>Phone #</th>
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EASTERN MICHIGAN UNIVERSITY
CLUB SPORTS 2012-2013
RELEASE OF LIABILITY FORM
(Mandatory) (Each individual turns one in with the roster)(Due 7 days before first practice)

NAME: _______________________________________ DATE: __________________

ADDRESS: ___________________________________________ ____________________

CELL/HOME PHONE: ______________________ WORK PHONE: ____________________________

STUDENT EID #: ______________________ BIRTH DATE: ______________________

STATUS: STUDENT_____ REC/IM MEMBER _____ OTHER_________________________

EMAIL ADDRESS: _____________________________________________________________

CLUB SPORT: _______________________________________________________________

Note: All EMU Rec/IM club sport participants must be currently enrolled at EMU or possess a current
Rec/IM membership, if their club meets in the Rec Center. All club sport participants are required to complete
this form.

ACKNOWLEDGEMENT OF PARTICIPATION STATEMENT AND RELEASE FORM

Participants in the Eastern Michigan University Club Sport’s Program should be aware of the possible risks
that are inherent in the nature of the activities. These risks include, but are not limited to, the potential for
accidents or illness while traveling to and from events, as well as participating in the various club activities.
Every attempt is made to minimize the existing risks through the use of proper sports equipment and sound
safety practices. Safe facilities which are under the Rec/IM’s control are utilized when possible. However,
participants should realize these risks cannot be eliminated completely. If participants meet minimum physical
and mental conditioning and follow safety procedures, the potential for mishaps is reduced. The Rec/IM
strongly recommends that each club member have an annual physical examination and personal health and
accident insurance. Eastern Michigan University’s insurance coverage does not apply to Club Sport Program
participants in any way.

I, (print name) _______________________________, a member of (print club name)
______________________________, a recognized student organization, sponsored by the Rec/IM Dept. at
EMU, affirm that I am aware of my physical condition, that I am voluntarily participating as a member of the
aforementioned club, that I am aware that such participation may result in possible injury, or even death, as a
result of the nature of the sport, and that I am assuming any risk that may be involved in the sport. In addition,
I do hereby release EMU, its Board of Regents, employees, and agents, of any and all responsibility of liability
in case of any personal injury to me or event death, or damage to property of others caused by me while
participating in the activities of the aforementioned club. Such participation will include practice, club
functions, competition, and travel to and from all club activities. I further acknowledge that I am aware of
insurance policies that are available to me, that I know and understand University policies and procedures, and
that I will represent the University in such a manner that is expected. I have read and understand the above
statements and will carry them out to my best abilities.

I am covered by a personal health insurance plan. Yes_______ No ______

____________________________________________________
Participant’s Signature & Date Signed

Rec/IM Employee’s Signature & Date Received
# Club Sports Event Request Form

**Today's Date:** ________________  **Org. Account Number:** X_________  **Event Day and Date:** ________________________

**Club Sport Name:** ______________________________________________  **Event Name:** ______________________________

**What is the purpose of this event?** ____________________________________________________________________

Please briefly describe your vision for this event: ____________________________________________________________________

____________________________________________________________________________

Please fill in each box below to determine the overall risk level of your event, and indicate by circling the correct option.

<table>
<thead>
<tr>
<th>Type of Sport and Audience</th>
<th>Type of Sport:</th>
<th>Expected Number of Participants:</th>
<th>Expected Number of Spectators:</th>
<th>Affiliation with EMU:</th>
<th>TOTAL SPORT AND AUDIENCE RISK POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10 points: Baseball, Cross Country Skiing, Kickball, Softball</td>
<td>___________</td>
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<tr>
<td></td>
<td>15 Points: Basketball, Cheerleading, Flag or Touch Football, Quidditch</td>
<td>___________</td>
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<td></td>
<td>20 Points: Diving, Dodgeball, Gymnastics, Ice Hockey, Inline Hockey or Skating, Martial Arts, Soccer, Lacrosse</td>
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<tr>
<td></td>
<td>30 Points: BMX Biking, Water Polo, Open water events, Boxing, Rugby, Streetball, Cycling, Mixed Martial Arts, Skateboarding, Tackle Football, Mountain Biking, Wrestling</td>
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<table>
<thead>
<tr>
<th>Presence of Cash and Valuables</th>
<th>Ticketed:</th>
<th>Do you plan to charge admission? Y  N</th>
<th>Points: ___________</th>
<th>No tickets = 0 points</th>
<th>Ticketed = 5 points</th>
<th>Ticketed w/$1000+ sales = 10 points</th>
<th>TOTAL CASH AND VALUABLES RISK POINTS</th>
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<tbody>
<tr>
<td></td>
<td>Prizes:</td>
<td>Do you plan to have prizes on site? Y  N</td>
<td>Points: ___________</td>
<td>None = 0 points</td>
<td>Cash/Prizes on site = 5 points</td>
<td>Cash/Prizes &gt;$1000 = 10 points</td>
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<tr>
<td></td>
<td>Day of Week:</td>
<td>Requested Event Date is: Sun Mon Tues Weds Thurs Fri Sat</td>
<td>Points: ___________</td>
<td>Sun-Weds = 0 points</td>
<td>Thurs/Fri/Sat 8 am-10 pm = 0 points</td>
<td>Thurs/Fri/Sat 10 pm - later = 5 points</td>
<td>University closure = 10 points</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Location (circle one):</th>
<th>Bowen Fieldhouse</th>
<th>Convocation Center*</th>
<th>Fletcher Field</th>
<th>Indoor Practice Facility (Bubble)*</th>
<th>Rec IM</th>
<th>Rynearson Stadium*</th>
<th>Softball Field (Rec/IM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points: ___________</td>
<td>Bowen Fieldhouse</td>
<td>Convocation Center*</td>
<td>Fletcher Field</td>
<td>Indoor Practice Facility (Bubble)*</td>
<td>Rec IM</td>
<td>Rynearson Stadium*</td>
<td>Softball Field (Rec/IM)</td>
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<td></td>
<td>Buildings above = 0 points</td>
<td>Other locations = 10 points</td>
<td>Outdoors = 10 points</td>
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</tbody>
</table>
### Nature of Event and Food

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<tr>
<th>Type of Event (circle one):</th>
<th>Do you plan to serve food?</th>
<th>Do you plan to request special permission to use an external vendor?</th>
<th>TOTAL NATURE OF EVENT AND FOOD POINTS</th>
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<tbody>
<tr>
<td>Practice</td>
<td>Y N</td>
<td>Y N</td>
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<tr>
<td>Dual Meet/Competition</td>
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<tr>
<td>Tournament (&gt; 2 teams competing)</td>
<td>Points: __________</td>
<td>Points: __________</td>
<td>EMU Catering = 0 pts. External Vendor = 5 pts.</td>
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<tr>
<td>Practice = 0 points</td>
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<tr>
<td>Dual Meet = 5 points</td>
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<tr>
<td>Tournament = 10 points</td>
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**TOTAL RISK POINTS**

This event risk level appears to be:

- **Low Risk** (No more than 30 points) No additional requirements
- **Medium Risk** (35-55 points) Notification to Rec/IM Staff and DPS for possible walk-through
- **High Risk** (60+ points) Provide proof of insurance, Staff or DPS walk-through required, Trainer or Ambulance on scene

**Note:** Additional points will be added for past history of unrealistic planning, violent conduct or other incidents by the organization or its members.

I warrant I have the authority to make this agreement on behalf of my organization. I also warrant that by completing and submitting this form, my student organization/club sport understands and agrees to abide by the terms and conditions of the EMU Student Organization Special Events Policy, the EMU Student Code of Conduct and all applicable federal, state and local laws. I acknowledge that my organization will accept full responsibility for timely payment (within 30 days of event date) of all university charges associated with this event. On behalf of the student organization named above, I warrant that my student organization and its members are not acting as official entities of the university and I agree to defend, indemnify and hold harmless EMU, its employees, agents and students from any and all liability which may incur arising directly or indirectly from my student organization’s/club sport’s hosting of this event.

**Club Sport President**
Signature: ____________________________ Name: ____________________________ Phone #: ____________________________
Email: ____________________________ EID #: ____________________________

**Event Primary Contact**
Signature: ____________________________ Name: ____________________________ Phone #: ____________________________
Email: ____________________________ EID #: ____________________________

**Faculty/Staff Advisor (required - medium & high risk events)**
Signature: ____________________________ Name: ____________________________ Phone #: ____________________________
Email: ____________________________

**FOR OFFICE USE ONLY:**
Submission Date: ____________________________ Date Reviewed by SERC: ____________________________
Event Approval Status: ____________________________ Notification Date to Org.: ____________________________ Initials: ____________________________
Number of DPS Officers Required: ____________________________ Estimated DPS Cost: ____________________________ Deposit Paid: ____________________________
Date of first follow up appointment with facility manager: ____________________________ Did org. attend meeting? ____________________________
Date of final pre-event meeting: ____________________________ Did org. attend meeting? ____________________________
EASTERN MICHIGAN UNIVERSITY CLUB SPORTS
TRAVEL ROSTER/ITINERARY: 2012 – 2013
(Mandatory)(due by the Wednesday prior to event)

Name of Club Sport: ________________________________ Date: ________________________________

Destination: ___________________________________ One-way Trip Mileage: _________________

Travel Route & Details: (i.e. caravan together, driving separately, etc.): __________________________

Purpose of Trip: ______________________________________________________

Departure date & time ____________________________ Return date & time __________________________

Mode of Transportation (rentals/how many?) or personal vehicles (how many?): ____________________

Drivers on this trip: ________________________________________________________________

Lodging: ________________________________ Phone: ________________________________

Address: ________________________________ City/State: ________________________________ Zip: __________________

Number of rooms: __________________ Hotel Expense: __________________ Circle One: Quote Attached/Estimate

Travel Party (print name & PO#)(please include athletes, coaches/advisors, etc...)

1. ________________________________ 2. ________________________________
3. ________________________________ 4. ________________________________
5. ________________________________ 6. ________________________________
7. ________________________________ 8. ________________________________
9. ________________________________ 10. ________________________________
11. ________________________________ 12. ________________________________
13. ________________________________ 14. ________________________________
15. ________________________________ 16. ________________________________
17. ________________________________ 18. ________________________________
19. ________________________________ 20. ________________________________

List the authorized “Trip Leader(s)” who will be in charge on this trip:

Name: ________________________________ Cell Phone: ________________________________

Name: ________________________________ Cell Phone: ________________________________

I certify that all members whose names and ID#’s appear above are eligible to represent the club according to the guidelines listed in the EMU Sport Club Handbook.

Club Officer signature ________________________________ Club Sports Office Representative signature ________________________________

Date ________________________________ Date ________________________________
EASTERN MICHIGAN UNIVERSITY CLUB SPORTS
POST-TRAVEL SUMMARY: 2012 – 2013
(Mandatory)(due on the Monday after the club returns from each away trip)

Name of Club Sport _____________________________________________________________

Name of authorized “Trip Leader” completing this report ________________________________

Number of Club Members who made the trip _________________________________

Vehicles that were driven (indicate below the quantity of each type of vehicle(s) that was taken):

____ # Private Vehicles  _____ # Rental Agency Vans  _____ # Rental Agency Cars

If rental vehicles were used (whether driven by club members or a charter company), what issues should the Club Sports Office be made aware of? ________________________________________________________________

Destination __________________________________________________________

EMU Departure Date ____________________________  Time ____________________________

Return to EMU Date ____________________________  Time ____________________________

Travel Details (i.e. did team caravan together, drive separately, etc.): _______________________

If team stayed overnight in a hotel(s), list each hotel name, city, and phone number below:

Hotel: _____________________________  City: _____________________________  Phone: _____________

What issues should the Club Sports Office be aware of concerning this hotel stay?

Hotel: _____________________________  City: _____________________________  Phone: _____________

What issues should the Club Sports Office be aware of concerning this hotel stay? _____________________________

Did a university faculty/staff member accompany the team on this trip? __________

If so, Name _____________________________  Dept. _____________________________  Phone: _____________________________

Were there any player injuries requiring an Injury Report Form to be completed? _____ (yes or no)

No alcohol is allowed during away events. Did any alcohol or drug transportation, provision, or consumption take place during this trip (from departure-return) by a team member or student representative? _____ (yes or no)

If yes, provide details: ________________________________________________________________

Please list any other concerns, incidents or issues during the course of this trip that the Club Sports Office should be aware of (travel, competition, social, etc.): _____________________________

Optional: Feel free to detail any game/match scores and highlights here! _____________________________

As an authorized Trip Leader, I recognize that intentionally providing false or incomplete information could lead to individual and/or team sanctions, as outlined in the Club Sports Handbook and the EMU Student Handbook.

Trip Leader’s signature, date ____________________________  Club Sports Office Representative signature, date ____________________________
Club Sport: ____________________  Start Date: ____________________

Coach/Instructor Name: ____________________________________________

Address: _________________________________________________________

Day Phone: ___________________  Eve. Phone: __________________________

E-mail: __________________________________________________________

EMU Affiliation: ____Student  ____Faculty/Staff  ____Alumni  ____Not Affiliated

Please list your playing and coaching/instructing experience in this sport:

Playing Experience: _______________________________________________

Coaching or Instructor Experience: _________________________________

Coaching or Instructor Certifications or Degrees: ______________________

First Aid/CPR Certifications and Expiration Dates: ____________________

Please list Coaching/Instructor references:

<table>
<thead>
<tr>
<th>Names</th>
<th>Day Phone #</th>
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Approved by Club President: ________________________________  Date: ________________

Approved by Club Sports Office: ____________________________  Date: ________________
EASTERN MICHIGAN UNIVERSITY
Club Sports Program
Coach/Instructor Contract: 2012-2013
(Due: 7 days after coach’s starting date)

Name: ___________________________  Sport Club: _________
Address: ___________________________________________________________________________________
Social Security #: ____________________________
Phone: (cell) ___________________________  (work) ___________________________

I, (name) ___________________________ , hereby enter into the following assignments and terms for instructing/coaching (circle one):

A. Said person agrees to be present all regularly scheduled practices and, if applicable, contests.

B. Said person states that he/she is capable and willing to perform instructing/coaching duties as described in the Sport club Handbook and as stated specifically below, and as listed in the club’s constitution:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

B. Said person will perform these duties for the period beginning (date to start) _______ and ending (date to end) _______

D. For such said person will be paid _______ under the following disbursement procedure:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

E. This agreement may be terminated by either party by completing the following:
__________________________________________________________________________________

We, the undersigned agree to the terms and statements listed above:
Club President’s signature ___________________________ Date ____________
Instructor/Coach’s signature ___________________________ Date ____________

Sport Club Coordinator’s review: Date ________________
Name: ___________________________ Student #: __________ Phone #: (____) _____ - ________

Address: __________________________________________________________ State: _____ Zip: ____________

Age: ___ Gender: M / F Status (circle one): Student Faculty Staff Guest Other: ____________________________

Date & Time Incident/Accident Occurred: _____/_____/______ ____________ am / pm

Date & Time Incident/Accident Reported: _____/_____/______ ____________ am / pm

Reported By: ___________________________ Position (if applicable): ____________________________

Was anyone injured as a result of this incident/accident? YES / NO

TYPE OF INCIDENT/ACCIDENT:
__Alarm (type ___________) __Assault/Fight __Assault w/Weapon __Theft
__Injury/illness (describe in detail) __________________________________________________________

Other: ___________________________________________________________________________________

D.P.S. Notified? YES / NO
If Yes, Responding Officer(s) Name(s):
________________________________________________________________________________________

D.P.S. Report Number: ______________________________

Did Ypsilanti Fire/Rescue respond? YES / NO Did HVA ambulance respond? YES / NO

LOCATION OF INCIDENT:
__REC/IM Bldg. __IM Sports Fields __University Park __Other: ____________________________

SPECIFIC AREA OF INCIDENT/ACCIDENT:

AREA OF PARTICIPATION:
__Intramural Sports Activity __Scheduled Activity: ____________________________
__Intercollegiate Athletics __Special Event: ________________________________
__Physical Ed. Class __Sports Club Activity: ________________________________
__Other: ______________________________________________________________________

(OVER)
WITNESS INFORMATION:

1. Name: ________________________  Student #: ___________  Phone #: (____) _____-______
   Address: ______________________________________________  State: ____  Zip: ___________
   Age: ____  Gender: M / F  Status (circle one):  Student  Faculty  Staff  Guest  Other: _______

2. Name: ________________________  Student #: ___________  Phone #: (____) _____-______
   Address: ______________________________________________  State: ____  Zip: ___________
   Age: ____  Gender: M / F  Status (circle one):  Student  Faculty  Staff  Guest  Other: _______

IMMEDIATE ACTION TAKEN:
First Aid administered by: ___________________  CPR administered by:___________________
Was there visible blood or bodily fluids?  Yes / No  IF yes, did employee follow appropriate
Blood borne pathogen exposure control procedures and use appropriate PPE?  Yes / No
(Employee signature :____________________________________________)
__Contacted D.P.S. / Turned Over to Responding Officer
__Minor Disturbance, Spoke with Individual and Resolved the Situation
__False Alarm / Turned Off and Reset
__Taken to hospital by HVA ambulance
__Refused HVA (victim’s signature):
__Taken to hospital by friend or relative
__Refused First Aid (victim’s signature):
__First Aid was not needed
__Other: _______________________________________________________

DETAILS OF ACCIDENT: (Attach additional sheets if needed)
Describe in detail events, actions, conditions, etc. from beginning to end which may have contributed to the
incident/accident. Be sure to use names of anyone involved. If names are not available, describe the individual(s) to the
best of your ability such as: race, gender, color/type of clothing, etc.
________________________________________________________________
________________________________________________________________
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________________________________________________________________
________________________________________________________________

Report Prepared By: _____________________________________  Position:_________________
Report Reviewed By: ______________________________  Position: ___________  Date: _______
Follow Up By: ______________________________  Position: ___________  Date: _______
Disposition:________________________________________