

<b>EMU Club Sports Required Paperwork Chart</b> <b>2011 – 2012</b>
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<b>Form/Information Required on file</b>	<b>Completed by Indiv. or Club?</b>		<b>Completion Deadline 5 p.m.</b>
<b><u>Mandatory, w/ set deadline</u></b>			
Information Form	mandatory	club	Sept. 23, 2011
Equipment Inventory	mandatory	club	Sept. 23, 2011 <u>and</u> April 27, 2012
Semester Summary	mandatory	club	One week following last contest – 1 <sup>st</sup> & 2 <sup>nd</sup> Semester
<b><u>Completed by or before practice/play</u></b>			
Fall Operation Form	mandatory	club	7 days before first practice/tryouts
Spring Operation Form	mandatory	club	7 days before first practice/tryouts
Fall Schedule	mandatory	club	7 days before first contest/game
Winter Schedule	mandatory	club	7 days before first contest/game
Fall Team Roster	mandatory	club	7 days before first fall contest/game
Winter Team Roster	mandatory	club	7 days before first spring contest/game
Release of Liability Form	mandatory	individual	before indiv. participates (turn in w/ roster)
Special Event Application	*mandatory	club	2 weeks prior to hosting event
<b><u>Travel</u></b>			
Travel Roster/Itinerary	*mandatory	club	Wednesday prior to departure
Post-Travel Summary	*mandatory	club	Wednesday upon returning from away trip
<b><u>As Needed...</u></b>			
Coach/Instructor Profile	*mandatory	coach	(*if applicable), 7 days after their starting date
Coach/Instructor Contract	*mandatory	coach and club	(*if applicable), 7 days after their starting date
Accident/Incident Report	*mandatory	indiv./club	Filled out & submitted within 24 hours of incident Weekends – Monday morning by 9:00am

# Club Sports Information Sheet

Fall 2011/Winter 2012

Due by September 23, 2011

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 SPORT CLUBS**  
**SEMESTER SUMMARY: 2011 – 2012 (*Mandatory*)**

(Fall: due Dec. 12, 2011, Spring: due April 23, 2012)

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: 2011 – 2012

*(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 \_\_\_\_\_

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Club Sports  
Fall 2011 Schedule/ Winter 2012 Schedule

Type up a list of dates and times of practice and games.

**EASTERN MICHIGAN UNIVERSITY  
CLUB ROSTER: 2011-2012**

**(Mandatory) (Fall and Spring: Due 7 days before first practice)**

Club: \_\_\_\_\_

Club Member Completing form: \_\_\_\_\_

	Name	Student EID#	Local Address	Phone #
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.	_____	_____	_____	_____
26.	_____	_____	_____	_____
27.	_____	_____	_____	_____
28.	_____	_____	_____	_____
29.	_____	_____	_____	_____
30.	_____	_____	_____	_____
31.	_____	_____	_____	_____
32.	_____	_____	_____	_____
33.	_____	_____	_____	_____
34.	_____	_____	_____	_____
35.	_____	_____	_____	_____
36.	_____	_____	_____	_____
37.	_____	_____	_____	_____
38.	_____	_____	_____	_____
39.	_____	_____	_____	_____
40.	_____	_____	_____	_____

**EASTERN MICHIGAN UNIVERSITY  
CLUB SPORTS 2011-2012  
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 \_\_\_\_\_

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Participant's Signature & Date Signed

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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.

<b>Type of Sport and Audience</b>	<b>Type of Sport:</b> 5 Points: Bowling, Dance, Golf, Tennis, Volleyball, Walking, Fishing  10 points: Baseball, Cross Country Skiing, Kickball, Softball  15 Points: Basketball, Cheerleading, Flag or Touch Football, Quiditch  20 Points: Diving, Dodgeball, Gymnastics, Ice Hockey, Inline Hockey or Skating, Martial Arts, Soccer, Lacrosse  30 Points: BMX Biking, Water Polo, Open water events, Boxing, Rugby, Streetball, Cycling, Mixed Martial Arts, Skateboarding, Tackle Football, Mountain Biking, Wrestling  Points: _____	<b>Expected Number of Participants:</b> _____  <b>Expected Number of Spectators:</b> _____  <b>Participant Points:</b> _____  <b>Spectator Points:</b> _____  <b>Total Points:</b> _____  0-12 Participants = 0 points 12-40 Participants = 5 points 41+ participants = 10 points  0-50 Spectators = 0 points 51-100 Spectators = 5 points 101-150 Spectators = 10 points 151+ = 15 points	<b>Affiliation with EMU:</b>  EMU Students Only? Y N Invited Competitor? Y N  Points: _____  Invited Competitors = 5 points	<b>TOTAL SPORT AND AUDIENCE RISK POINTS</b>  _____
<b>Presence of Cash and Valuables</b>	<b>Ticketed:</b> Do you plan to charge admission? Y N  Points: _____ No tickets = 0 points Ticketed = 5 points Ticketed w/\$1000+ sales = 10 points  *Must follow University policy on ticket sales	<b>Prizes:</b> Do you plan to have prizes on site? Y N  Points: _____ None = 0 points Cash/Prizes on site = 5 points Cash/Prizes >\$1000 = 10 points		<b>TOTAL CASH AND VALUABLES RISK POINTS</b>  _____
<b>Timing and Location</b>	<b>Time of Day:</b>  Desired Facility: _____  Access Time: _____  Event Start Time: _____  Event End Time: _____  Points: _____ 8 am – 10 pm = 0 points Occurs/cont. after 10 pm = 5 points	<b>Day of Week:</b>  Requested Event Date is : Sun    Mon    Tues Weds    Thurs    Fri Sat  Points: _____ Sun-Weds = 0 points Thurs/Fri/Sat 8 am-10 pm = 0 points Thurs/Fri/Sat 10 pm - later = 5 points University closure = 10 points	<b>Location (circle one):</b>  Bowen Fieldhouse Convocation Center* Fletcher Field Indoor Practice Facility (Bubble)* Rec IM Rynearson Stadium* Softball Field (Rec/IM)  Points: _____ Buildings above = 0 points Other locations = 10 points Outdoors = 10 points	<b>TOTAL TIMING AND LOCATION RISK POINTS</b>  _____

			<b>*Fee for use</b> All locations subject to fee for use	
<b>Nature of Event and Food</b>	<b>Type of Event (circle one):</b>  Practice Dual Meet/Competition Tournament (> 2 teams competing)  Points: _____ Practice = 0 points Dual Meet = 5 points Tournament = 10 points	<b>Do you plan to serve food?</b> Y N  No Points  Must follow University guidelines	<b>Do you plan to request special permission to use an external vendor? Y N</b> Points: _____ EMU Catering = 0 pts. External Vendor = 5 pts.	<b>TOTAL NATURE OF EVENT AND FOOD POINTS</b>  _____
<b>TOTAL RISK POINTS</b>				_____

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: 2011 – 2012**

(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: 2011 – 2012**

**(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

**EASTERN MICHIGAN UNIVERSITY CLUB SPORTS OFFICE  
COACH/INSTRUCTOR PROFILE: 2011 – 2012**

(Mandatory for all designated coaches/instructors, and due within 7 days after coach's first day)

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:

**Names**

**Day Phone #**

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

Approved by Club President: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Club Sports Office: \_\_\_\_\_ Date: \_\_\_\_\_

**EASTERN MICHIGAN UNIVERSITY**  
**Club Sports Program**  
**Coach/Instructor Contract: 2011-2012**  
**(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 \_\_\_\_\_

**Eastern Michigan University  
CLUB SPORTS 2011-2012  
Incident/Accident Report**

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:**

<b>REC 1<sup>st</sup> Floor</b>	<b>REC 2<sup>nd</sup> Floor</b>	<b>REC 3<sup>rd</sup> Floor</b>	<b>REC 4<sup>th</sup> Floor</b>	<b>University Park</b>
<input type="checkbox"/> Fit Room	<input type="checkbox"/> Aerobics Studio	<input type="checkbox"/> Game Area	<input type="checkbox"/> Track	<input type="checkbox"/> Amphitheater
<input type="checkbox"/> Lobby	<input type="checkbox"/> Combatives Rm	<input type="checkbox"/> Gym (#____)	<input type="checkbox"/> Weight Area	<input type="checkbox"/> B-ball Ct #__
<input type="checkbox"/> Locker Room	<input type="checkbox"/> Lobby	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Lake House
<input type="checkbox"/> Office	<input type="checkbox"/> Observation Dk.			<input type="checkbox"/> Tennis Cts.
<input type="checkbox"/> Jones Pool	<input type="checkbox"/> Utility Gym			<input type="checkbox"/> V-Ball Ct# __
<input type="checkbox"/> Racquetball Ct.	<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____				

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