



Campus Recreation  
1600 Holloway Avenue  
San Francisco, CA 94132  
Office: (415) 405-0485  
Fax: (415) 338-2172

## Sport Club Registration Form

**Print clearly and complete both sides. Incomplete forms will delay the process. Once completed, please submit to Campus Recreation Office (GYM 121A).**

**Select one from each line:**

1.) Continuing Organization: \_\_\_\_\_ Reactivating: \_\_\_\_\_ New Organization: \_\_\_\_\_

2.) Social Sport Club: \_\_\_\_\_ Competitive Sport Club: \_\_\_\_\_

Number of members in organization: \_\_\_\_\_

(Select One) Undergraduate Organization \_\_\_\_ Graduate Organization \_\_\_\_ Both \_\_\_\_

1. **Name of Sport Club:** *Name or initials of the university may not be part of the organization's name.*

\_\_\_\_\_

2. **Purpose of Organization:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is any legal action currently being taken against student organization? Yes \_\_\_\_ No \_\_\_\_

Faculty/Staff Organization Advisor Name: \_\_\_\_\_ Departmet: \_\_\_\_\_

Campus phone: \_\_\_\_\_ Email: \_\_\_\_\_

**5 members required, of which 3 must be officers (including a President/Club Chair, Financial Officer/Treasurer, AND Safety Officer).**

	Officer Name (Please Print)	Title	Cell/Local Phone	E-mail	Student ID
1.		President/ Club Chair			
2.		Financial Officer/ Treasurer			
3.		Safety Officer			
	Member Name (Please Print)	Title	Cell/Local Phone	E-mail	Student ID
4.					
5.					

**Additional Officers and Members should be named on attached form for purpose of student group's historical records.**

**Officers listed are authorized by the members of the student organization to represent the organization with the Office of Campus Recreation. This authorization includes signing University and financial documents. All registering student organization will agree, at the time of registration with the University, to the policies and procedures promulgated herein relating to their activities on campus, including:**

1. Abide by your organizations constitution which will be kept on file in the Campus Recreation Office with Coordinator of Sport Clubs.
2. Agree to read and adhere to the following policies and procedures:
  - a. University Bulletin
  - b. Sport Club Operating Handbook and Travel Handbook
  - c. University Policies (i.e., Time, Place and Manner Executive Directive #89-13 etc.)
  - d. Alcohol and Drug Policy Executive Directive #89-12
  - e. Title V, Policies/Procedures
  - f. Title IX, policies restricting membership based on race, color sex, sexual orientation, national origin, religion, creed, political affiliation, handicap, age, or marital status are prohibited.
3. All officers must be enrolled in at least 6 units
4. All officers must maintain a 2.0 grade point average during their term of office.
5. A minimum of 3 officers required (including a President/Chair/Point Person and Financial Officer/Treasurer). If have additional officers, at least the 3 required to be listed on form (including a President/Club Chair, Financial Officer/Treasurer, and Safety Officer) must attend scheduled meetings with the Coordinator of Sport Clubs. Only officers listed on form and having attended meetings may do business with the University (reserve rooms, tabled, etc) on behalf the student organization.
6. A minimum of 5 total SFSU student members required (this includes 3 officers from number 5 above).
7. Agree to be good stewards of organization funds; should have student organization funds deposited through Cal State 9 student organization account and following sound financial processes at all times in name of organization.
8. Voting rights are restricted to the student organization membership of SFSU.

We certify that this information is current and accurate to the best of our knowledge and agree to abide by the policies and procedures addressed above. **All officers and members listed on front page must sign.**

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_

#### Office Use Only

Date of last Constitution update: \_\_\_\_\_ Presidenet's E-mail: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Reason: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Officers – Please list**

	Officer Name (Print)	Title	Cell/Local Phone	E-mail	Student ID	Orientation Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

**Additional Members (Non-Officers) – Please Print**

[illegible]