

Western Carolina University
Club Sports
Emergency Action Plan & Travel Roster

Club Sport: _____

List below your club's Emergency Action Plan and travel roster for ALL off-campus events

Emergency Action Plan (further detail on club EAP is located in manual)

Travel Date(s): _____ Location: _____

Telephone # of Location: _____
(If telephone number of the location is not known, list another number that may be used.)

Number of cell phone: _____

Name of member in charge: _____ Student ID #: _____

Please list all club members & coaches who are currently First Aid/CPR certified:

_____	_____
_____	_____
_____	_____

Travel Roster

1. _____	15. _____
2. _____	16. _____
3. _____	17. _____
4. _____	18. _____
5. _____	19. _____
6. _____	20. _____
7. _____	21. _____
8. _____	22. _____
9. _____	23. _____
10. _____	24. _____
11. _____	25. _____
12. _____	26. _____
13. _____	27. _____
14. _____	28. _____

Submitted By: _____

Date: _____

Please return to the Campus Recreation Center no later than three days prior to event.

In the event an incident concerning your club sport occurs while at an off-campus event, please fill out the *Incident/Accident Report Form*.