Western Carolina University
Campus Recreation & Wellness
Club Sports

Registration Form

Club Sport ___________________ Semester(s) _______ Year ________________

President ___________________ Phone # ______________ e-mail __________________
Vice President _______________ Phone # ______________ e-mail __________________
Treasurer ___________________ Phone # ______________ e-mail __________________
Other ________________________ Phone # ______________ e-mail __________________
Other ________________________ Phone # ______________ e-mail __________________
Advisor ______________________ Phone # ______________ e-mail __________________
Coach ________________________ Phone # ______________ e-mail __________________

Club members’ current First Aid/CPR certification (attach copies of cards)
1. Name ______________________ Certification Expiration Date ________________
2. Name ______________________ Certification Expiration Date ________________

Practice Request

Day: ________________ Time: ______________ Location: _________________________
Day: ________________ Time: ______________ Location: _________________________
Day: ________________ Time: ______________ Location: _________________________
Day: ________________ Time: ______________ Location: _________________________

If your club has an association/governing body please list and, if possible, include contact information.
____________________________________________________________________________
____________________________________________________________________________

All clubs must renew its club status at the beginning of each academic year. Prior to approval, the following items must be completed and approved by the Club Sports Program.

- Registration Form
- Club Roster/Code of Conduct
- Risk and Release/ Emergency Information Forms for each member
- Coaches Form
- Advisor Form
- Constitution on file

Club Sports are not eligible to practice, compete, withdraw/request WCU funds until the items above have been completed and approved.