



# Cal Poly Club Sports Program

## Membership Form

CS Team:  Current Officer Position:

Name (last, first)  Local Address:

Student ID #  City/State/Zip

Year in School:  Phone Number:  Pager/Cell Phone:

Email:

Membership Type: (check all that apply)  Student  Full-Season  Try-Out  
 Practice  Coach Other:

Parent Name (last, first)  Permanent Address:

Permanent Home Phone #:  City, State, Zip:

**Personal medical Information: (Please present your insurance card for copying.)**

Do you have medical insurance?

Insurance Company:  Policy #:  Emergency Contact:

Policy-holder's Name:  Group #:  Emergency Contact Number

Allergies/Medications/Medical Conditions:

Verify that all the information given on this form is current and correct to the best of my knowledge.  
**I authorize Cal Poly State University to notify my parents/guardian in case of an emergency.**

Signature \_\_\_\_\_ Date

**In the event that a student wishes to participate in the Club Sports Program and the student doesn not carry personal medical insurance, Cal Poly requires an additional agreement/statement of personal responsibility for any and all hazards of participation.**

**No Medical Insurance Release:**

In exchange for participation in Cal Poly's Club Sports Program, I accept all financial responsibility for any and all medical expenses that I may incur as a result of participation in the program. Further, in exchange for participation in Cal Poly Club Sports Program, for myself, and for my heirs, executors, legal representative, successors and assign, I hereby waive all claims and/or courses of action, including negligence, against the State of California, the Trustees of the California State University, California Polytechnic State University and all of their officers, directors, employees and agents, arising out of, or in any way connected with, my participation in the aforementioned program. "Participation" includes, but is not limited to, travel to and from the activity.

Signature \_\_\_\_\_ Date

**Non-Driver Release:**

By affixing my signature below, I affirm that I will not drive any vehicle on behalf of the Club Sports Program, nor will I, at any time, transport myself or any other persons participating in the Club Sports Program. I understand that if I violate this agreement, that I will be personally responsible for any and all legal and financial ramifications of my actions. Further, if I violate this agreement I will be removed from participation in the Club Sports Program.

Non-Driver Signature: \_\_\_\_\_

**Driver Release: (all information require if driving)**

Driver's License #  Expiration Date:

Auto Make  Auto Model  Auto Year

Auto Insurance Company:  Policy #

I certify that I have liability insurance for at least the following amounts: \$50,000 per person personal injury to, or death of, one person; \$100,000 personal injury to two or more persons in one accident; \$15,000 property damage. My vehicle is adequate for the work to be performed, equipped with seatbelts, and is in safe mechanical condition. I have not been issued more than two moving violations nor been responsible for more than one at-fault accident in the last three years. I understand that personal insurance will apply in the event of an accident, including payment of damages to my own vehicle.

Driver's Signature: \_\_\_\_\_ Date

**YOU WILL NEED TO PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:**

- Driver's License
- Driver's Proof of Insurance (if a driver)
- Health Insurance Card
- Cal Poly ID Card
- CPR and First Aid Certificate (if certified)