

SPORT CLUB

COACHES MEMBERSHIP FORM

BuckID/Membership Card #: _____ Date: _____

Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Sport Club: _____ Sport Club Officer Verification: _____

Disclaimer

All coach/instructor passes must be approved by the sport club program of the Department of Recreational Sports. Once approved, coach/instructor must have an ID made at the RPAC Welcome Center. All coaches receiving a membership are required to attend a coaches meeting. Failure to do so will cancel any membership granted.

In consideration of any and all participation in the Department of Recreational Sports' programs and activities, including babysitting and use of the facilities and equipment, the undersigned agrees and understands that risk of serious and permanent injury from activities does exist, and knowingly and freely assumes all risks, both known and unknown, even if arising from negligence of the department or others and assumes full responsibility for participation and use of all facilities.

The undersigned further agrees to comply with the state and customary terms and conditions of participation and agrees that if any unusual or significant hazard is observed, activities will be discontinued and the undersigned will bring such matter to the attention of the nearest official immediately. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, hereby release and hold The Ohio State University harmless, its Board of Trustees and officers, agents and/or employees, with which I may incur to the fullest extent permitted by law.

Member signature: _____ Date: _____

Office Use

Date Received: _____ Approved Denied
Member Services Staff: _____ Valid Through: _____
Approved/Denied By: _____ Date: _____

Attended Coaches Meeting Yes No Date Attended: _____

Verified by Whom (Print Name): _____