

The George Washington University
Campus Recreation
Sport Club Registration Form



CAMPUS RECREATION

Name of Club: _____

Semester _____

Club President:

Name: _____

GWID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Local/National Club Affiliation (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact: _____

Phone: _____

Approximate number of active members in the club: _____

Type of Sports Club: (____ Recreational; ____ Instructional; ____ Competitive)

ALL SPORT CLUBS MUST BE REGISTERED WITH THE STUDENT ACTIVITIES CENTER BEFORE THEY CAN CONDUCT UNIVERSITY BUSINESS.

As the president of the _____ Club, I acknowledge that I have received the Sport Club Guidebook. It is my responsibility to insure that every member of my club complete the mandatory "Sport Club Informed Consent Form" before participating in any club activity.

Sport Club President: _____ Date: _____

Recreational Sports Director: _____ Date: _____