

Humboldt State Recreational Sports
CONTACT INFORMATION AND INSURANCE FORM
HSU, SPORT CLUBS

Sport Club: _____
Academic Year: **Fall 2009 – Spring 2010**

Name: _____ Phone: _____ Date Received: _____

This form is for emergency contact information in case of personal injury or accident when under the auspices of Humboldt State University Sport Clubs. This form will be kept on file for two semesters (Fall-Spring) in the Sport Club Office (FC #101)

All club sports members are REQUIRED to have primary health insurance through your parents, private, or through the Health Center Insurance plan. Humboldt State is recognized by Camp Team Insurance. Camp Team Insurance provides all club members with secondary insurance only. If an accident should occur Camp Team Insurance will provide coverage beyond the yearly deductible (\$5,000). Please notify (complete an insurance form) the Club Office of any injuries that may require insurance coverage within two days (48hrs).

EMERGENCY CONTACT INFORMATION (REQUIRED)

Name of Parent or Legal Guardian: _____

Home Address: _____

Father's Employer: _____ Work Phone _____

Mother's Employer: _____ Work Phone _____

Home Phone: _____ Parent's Cell Phone _____

Primary Insurance Company: _____

Mailing Address for Claims: _____

Primary Insurance Company Phone: _____

Policy Number: _____ Expires On _____

THESE FORMS MUST BE COMPLETED AND RETURNED TO THE SPORT CLUB OFFICE @ THE FIELD HOUSE BEFORE ANY OFFICIAL PRACTICE.

Humboldt State University
Sport Clubs

CODE OF CONDUCT

Participation on a sport club team at HSU is a privilege. This privilege brings with it certain obligations both on and off the field of play. Students and coaches are to conduct themselves in a manner that is a credit to the university. If you are representing the university in competition or practice and fail to represent the university in a positive manner and/or at any time drugs or alcohol are involved, an automatic suspension will occur. The situation will be reviewed by the Director of Recreational Sports who will refer the matter to Student Affairs for appropriate sanctions against the individual, the team or both.

It is also important to point out that while driving a university vehicle, all laws of the road should be followed with great caution. Should driving laws be violated, driving privileges could be revoked for the person involved or the entire club.

Also, if there should be a problem of any kind (conduct, violation of the law, etc), please notify the Director of Recreational Sports as soon as possible.

I, the undersigned, have read, understand, and agree to accept this Code of Conduct at all times while playing on a Humboldt State University sport club team, representing the university.

Signature

Date

Please print name

Email Address

Home phone

Cell phone

HUMBOLDT STATE UNIVERSITY
INFORMED CONSENT, RELEASE AND ASSUMPTION OF
RISK AGREEMENT FOR PARTICIPATION IN SPORTS CLUBS

In consideration for being allowed to participate in the _____ Sport Club Team from _____ *(date)* through _____ *(date)*, I hereby waive all claims or causes of action against the State of California, the Trustees of the California State University, Humboldt State University, and their officers, agents, employees, auxiliaries, volunteers and any other public agencies arising out of my voluntary participation in this activity, all of which are collectively hereinafter referred to as the "State," and hereby release, hold harmless, and discharge the State from all liability in connection therewith.

I further understand that accidents and injuries can arise out of participation in this activity, including, but not limited to property damage, personal injury or death. Knowing, understanding, and fully appreciating all possible risks and dangers which may occur, including but not limited to hazards of travel, accident, illness, or acts of God, I hereby expressly, voluntarily and willingly assume all risks and dangers associated with my participation in this activity. It is further understood and agreed that this informed consent, release, and assumption of risk is to be binding on my heirs and assigns.

In addition, I have been advised to obtain personal medical insurance coverage. Furthermore, I agree to use my personal medical insurance as the primary medical coverage payment if accident or injury occurs.

I have read this informed consent, release, and assumption of risk and understand the terms used in it and their legal significance. This informed consent, release, and assumption of risk is freely and voluntarily given with the understanding that the right to legal recourse against the State is knowingly given up in return for allowing my participation in this activity.

Types of Risks Involved with Activity: Property damage or loss; Personal injury or death.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

(Releaser's Signature)

(Date)

(Parent or Guardian if Releaser is under 18)

(Date)