

Sport Club Membership Request

Date: _____

Name: _____ Social Security Number: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Buck ID/Activity Pass Card # _____

Sport Club Name: _____

Email Address: _____

Reason for Request:

_____ Volunteer or Sport Club Coach/Instructor

Sport Club: _____

Verified by: _____ Issued by: _____

Sport Club President

Sport Club Official

Request for Activity Pass: Denied Approved

Member Services Staff _____ Valid Through: _____

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.

In consideration of any and all participation in the department of recreational sports programs and activities including baby-sitting, 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 stated 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.

Signature _____ **Date** _____