Northeastern University
Club Sports
Annual Recognition Form

Club ________________________ Academic Year ________________________

Officers:
President ________________________ Phone # ________________________
Address ________________________ Zip ________________________
E-mail Address ________________________
Term of Office Expires ________________________

Vice President ________________________ Phone # ________________________
Address ________________________ Zip ________________________
E-mail Address ________________________
Term of Office Expires ________________________

Treasurer ________________________ Phone # ________________________
Address ________________________ Zip ________________________
E-mail Address ________________________
Term of Office Expires ________________________

Secretary ________________________ Phone # ________________________
Address ________________________ Zip ________________________
E-mail Address ________________________
Term of Office Expires ________________________

Coach ________________________ Phone # ________________________
Address ________________________ Zip ________________________
E-mail Address ________________________
Term of Office Expires ________________________

Does your club have a faculty/staff advisor?  □ Yes  □ No
If yes, Name ________________________ Department ________________________ Phone # ________________________

Practice: (Please note that a Game Schedule must be provided to the Campus Recreation Department prior to the start of the season!)
Day ________________________ Site/Location ________________________ Time ________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
List of First Aid/CPR/AED Certified Members:
Each Club should have a minimum of two (2) certified members at each Club event.

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<th>Student ID#</th>
<th>Expiration Date of Certification</th>
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List of Certified Van Driver Members
Each Club should have a minimum of two (2) certified members at each Club event.

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What is Your Number of Interested Participants? ______________

Does Your Club Belong to a National Organization? □ Yes □ No
If yes, please list the full name of the organization(s)____________________________________

Does Your Club Belong to a Regional League or Organization? □ Yes □ No
If yes, please list the full name of the organization(s)____________________________________

Club Dues $__________/per semester OR $__________/academic year

Procedure For New Members to Join (check all that apply)
[ ] Complete Club Sports Acknowledgement of Risk and Informed Consent Form, (Required for all members)
[ ] Try-outs
[ ] Other __________________________________________

Personal Equipment Needed to Participate
_____________________________________________________
_____________________________________________________
_____________________________________________________

Previous Experience in This Sport Required □ Yes □ No

Commitment Expected of Club Members (check all that apply)
□ Attend all practices □ Fundraising □ Assist with home events
□ Attend club meetings □ Other ___________________________

Additional Comments That Would Be Beneficial For Students Interested In Becoming Members of Your Club
_____________________________________________________
_____________________________________________________
_____________________________________________________