TO: All Sport Clubs
FROM: Jake M. Rosiek, Sport Club Coordinator
        Department of Campus Recreation
DATE: August, 24 2009
RE: 2009-2010 Club Re-registration Packets

All Sport Clubs **MUST** re-register for the 2009-2010 academic year with the Department of Campus Recreation by Friday, **September 11th at 5 p.m.** Registration will begin August 24th and end September 4th. The Student Organization Registration/Updates Form, the Membership Roster Sheet, and the Student Organization Agreement Form must be read, completed and turned in (ALL at the same time) by September 11th. All forms must be completed in their ENTIRETY to be accepted. At least TWO different officers must be listed on the Registration Form. **If your club does not register by the deadline, your club will be considered inactive, and the club representative will be required to make an appointment with the Sport Club Coordinator.**

During the re-registration process the Department of Campus Recreation will review grade point averages (GPA) for all officers. According to the Student Organization Handbook, all officers must maintain a cumulative 2.5 GPA.

Sport Clubs are also **REQUIRED** to attend a training session. The Officer Training Session is Tuesday, **September 1, 2009 at 5 p.m.** in the EHFA 105. **EVERY club and organization MUST send the President AND Treasurer.** It is recommended that other officers and/or faculty advisers attend also. When re-registration materials are returned to the Sport Club office, organizations will then RSVP the number of members. Please have a date selected and know who will be attending.

If you have any questions or concerns, please call me at 843-349-2800 or e-mail Jake Rosiek at sportclubs@coastal.edu.

---

*It is imperative that you keep this receipt for your club’s records. Campus Rec will make a copy that will be put in your club’s file.*

Date of Submission: _________________________

Club Name: __________________________________

Officer That Turned In Form: ___________________________________  ___________________________________

Print  Signature

Signature from the Sport Club Coordinator *(staff only)*:

_________________________________    ___________________________    _______________________

Signature    Date    # Members @ Training Session:
DEPARTMENT OF CAMPUS RECREATION

Student Organization Re-Registration Process

1. Complete the Student Organization Registration & Updates Form. Include the following:
   - Department of Campus Recreation Annual Recognition cover letter
   - At least 10 interested members with CCU ID #
   - At least one officer (i.e. President, Coordinator, etc.)
   - At least one Faculty/Staff adviser
   - Up-to-date Constitution
   - Signed Student Organization Agreement Form
   - Signed Adviser Responsibility Form
   - Signed Adviser Confirmation Form
   - Additional Adviser who is a non-CCU employee/volunteer:
     - Signed Confidentiality Agreement
     - Signed Liability Release Form
     - Signed Background Check Form

2. Turn in completed application to the designated administrator. He/she will read and approve or disapprove the constitution.

   Organizations                                      Designated Administrator
   Fraternities and Sororities                         Coordinator for Fraternity and Sorority Life
   Sports clubs/ Intramural teams                      Coordinator of Intramurals
   SGA Recognized/ Honor Societies,
   Academic and Interest                               Director of Student Activities and Leadership

3. Attend the mandatory club training session.
DEPARTMENT OF CAMPUS RECREATION

Student Organization Registration & Updates Form
2009-2010

A. Type of Request:  
☐ Organization Name Change (Previous Name) ____________________________
☐ New Organization  ☐ Officer change
☐ Re-Registering Organization  ☐ Adviser change

Please check one category below that most closely defines your organization.

☐ Academic/Professional  ☐ Sport  ☐ Religious  ☐ Fraternity/Sorority
☐ Special Interest  ☐ Governing Bodies  ☐ Honor Societies  ☐ Publications/Media

B. Organization:

Name of Organization: ____________________________ Acronym (if applicable): ____________

Organization’s Website: ____________________________

Contact’s Name: ____________________________ Position: ____________________________

CCU Email: ____________________________@coastal.edu  Cell Phone Number: ____________________________

Local Address: ___________________________________________________________________________

   Street   City/ST   Zip

Student Organization Phone (if applicable): ____________ Student Organization Office Number (if applicable): ____________

C. Officers:

All officers who have been elected, selected or appointed as stipulated by the organization’s constitution must have a minimum cumulative GPA of 2.5 at time of appointment and throughout the duration of their term of office.

| Officer’s Name: | ____________________________ | Position: | ____________________________ | Phone Number: | GPA: | Student ID Number: | ____________ | CCU Email: | ____________________________@coastal.edu |
| Local Address: | ___________________________________________________________________________ | Street | City/ST | Zip |

| Officer’s Name: | ____________________________ | Position: | ____________________________ | Phone Number: | GPA: | Student ID Number: | ____________ | CCU Email: | ____________________________@coastal.edu |
| Local Address: | ___________________________________________________________________________ | Street | City/ST | Zip |

| Officer’s Name: | ____________________________ | Position: | ____________________________ | Phone Number: | GPA: | Student ID Number: | ____________ | CCU Email: | ____________________________@coastal.edu |
| Local Address: | ___________________________________________________________________________ | Street | City/ST | Zip |
Officer’s Name: ____________________________________________________________

Position: ________________________________________________________________

Phone Number: __________________________________________________________

GPA: ______ Student ID Number: __________________________ CCU Email: __________________________@coastal.edu

Local Address: ___________________________________________________________

Street __________________________ City/ST __________________________ Zip

Officer’s term of office: __________________ to __________________ (mm/dd/yy)

Is the organization open to all students? ☐ YES ☐ NO If no, list membership criteria: __________________________________________________________

Amount of dues paid to national organization (if applicable): $ __________

Amount of dues collected per member (if applicable): $ __________

D. Adviser:
Faculty/Staff Adviser’s Name: ____________________________________________

Phone Number: __________________________

CCU Email: ____________________________@coastal.edu

Campus Address: _______________________________________________________

Faculty/Staff or Volunteer Adviser’s Name (if applicable): _____________________

Phone Number: __________________________

CCU/Other Email: _______________________________________________________

Campus/Local Address: __________________________________________________

E. Meeting Information:
Meeting Day (circle one): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Meeting location: __________________________________________ Meeting time: __________________________

How often does the organization meet (circle one):

☐ Every week ☐ 1st week of month ☐ 1st & 3rd week of month ☐ 2nd & 4th week of month

☐ 2nd week of month ☐ 3rd week of month ☐ 4th week of month ☐ Irregularly

By signing this Student Organization Registration and Updates form, I confirm that all updates or changes made are correct. The contact person’s name address, phone number and email address will be released to students requesting general membership information. It may also be used in the Department of Campus Recreation publications and resources.

___________________________________________________________
Name (Printed)

___________________________________________________________
Position

__________________________
Signature of Primary Student Contact

__________________________
Date

Cell phone number
**Membership Roster**  
2009-2010

Name of Organization: ______________________________________________________

<table>
<thead>
<tr>
<th>NAME/ POSITION</th>
<th>CCU ID #*</th>
<th>EMAIL</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DEPARTMENT OF CAMPUS RECREATION

Student Organization Agreement Form

1. We confirm our willingness to abide by all University regulations and policies (including the Student Organization Handbook), as well as Federal and State Laws.
2. We further confirm our willingness to abide by the University Alcohol Policy, as outlined in the Student Organization Handbook.
3. We further certify that the members of our student organization do not, as part of their initiation procedures or at any other time, engage in hazing. We understand that hazing is dangerous and physical harm, any act that injures, degrades, or disgraces, or tends to injure, degrade, or disgrace any fellow student, that student’s consent notwithstanding. We confirm that we will abide by the University Hazing Policy, as outlined in the Student Organization Handbook.
4. We agree to notify the Student Activities & Leadership office immediately if and when the purpose of the organization changes and or when officers advisors change. Furthermore, we agree to be responsible for this organization until the newly elected officers sign a new agreement and Club Status Form.
5. We acknowledge that all events, on or off campus (including meetings), must be cleared and registered with the Department of Campus Recreation via the Event Registration Form prior to any preparations being made.
6. We acknowledge that the University determines all matters related to security and exercises control over access to all University buildings.
7. We acknowledge that all contracts, including those for performers, speakers, bands, and DJ’s must be reviewed by the appropriate office. Student organization officers, members, or advisors are not permitted to sign contracts.
8. In accordance with the University’s statement of value of equal opportunity, we acknowledge that our organization may not on the basis of race, color, sex, religion, national origin, age, mental or physical disability, exclude any persons from participation in, deny persons the benefit of, or subject persons to discrimination under any of its programs, activities, or meetings.
9. We acknowledge that the organization has the responsibility to make its activities as accessible as possible to all members of the University community. The organization agrees to not discriminate against any individual on the basis of handicap and to provide assistance to disabled students who wish to join the organization’s activities or attend its events.
10. It is recommended that all monies that are collected from any event or activity sponsored by the organization be deposited into the organization’s on campus account (Please see the Sport Club Coordinator). The University holds the right to request financial statements from organizations at any point during the year. The organization (not the University) assumes all responsibility for timely payment of all bills and debts. The University reserved the right to place holds on student’s accounts until bills/debts are paid.
11. We agree to notify the University of any Travel. All student organizations agree to fill out all forms necessary PRIOR to traveling (i.e. Travel Authorization Form).
12. We will abide by all rules and regulations of the Club and Organization Posting Policy.
13. We will incur any costs for damages to University owned property or facilities, including clean-up costs when using for events, etc.

By signing this Student Organization Agreement form, I confirm on behalf of __________________________________________ that I have read and understand the above policies and procedures and the organization promises to uphold all procedures and policies as outlined.

_________________________________________  ________________________
Signature of President                     Date

_________________________________________
Print Name
Each student organization is required to have one faculty or staff adviser. The recommendation of the adviser is made by the organization to the Department of Campus Recreation during the re-registration process. The Sport Club Coordinator will confirm the appointment in writing.

The adviser appointed in the fall will serve for the academic year. Each appointment is on an annual basis and is not automatically renewed. The adviser’s signature must be obtained annually to signify agreement to act as the organization’s adviser. Any exception to this policy must be approved by the Dean of Students.

Though officers of student organizations hold primary responsibility for ensuring that all University regulations and policies are followed, advisers are expected to provide assistance. Serving as an adviser is considered to be within the role and scope of duties for the university; advisers have the same liability protection as when performing other official duties for the University.

In addition to a student organization having a University faculty or staff adviser, the student organization may choose to also have a non-CCU employee/volunteer adviser. All non-CCU employee/volunteer advisers must sign the appropriate paperwork before beginning the responsibilities of the student organization adviser. The paperwork includes signing a liability release, signing a confidentiality agreement, and agreeing in writing to undergo a background check. Once the appropriate paperwork has been signed, the non-CCU employee/volunteer will have to seek approval from the Sport Club Coordinator.

Responsibilities of a Student Organization Adviser

1. Become familiar with and understand relevant university policies and procedures, including, but not limited to, the Student Organization Handbook, the Student Code of Conduct, the Student Handbook, and local, state, and federal law.
2. Attend the adviser training session provided by the Office of Student Activities and Leadership.
3. Act within the scope of their authority.
4. Act in an advisory capacity, as opposed to a directive relationship, in the organization. The following educational functions are cited as examples:
   a. Providing the officers with the elements of good organizational practice
   b. Teaching the techniques and responsibilities of leadership
   c. Teaching the principles of effective group operations
   d. Developing procedures and plans for actions
   e. Keeping the group focused on its goals
   f. Developing self discipline and responsibility in the group
   g. Stimulating and initiating activity
5. Be available to the officers and members to share ideas about organization affairs.
6. Meet with the officers of the group to discuss the progress and direction of the group.
7. Attend as many University registered meetings as possible.
8. Advise and consult with the organization and its officers on its financial affairs to assure that the proper budgets are formulated and that the proper distribution of and accounting for funds of the organization are maintained.
9. Approve off-campus, registered events in which students officially represent the organization, such as meetings, social events, conventions, etc.
10. Attend University registered off campus trips OR assist the organization in finding a member of the Coastal Carolina University faculty or staff or [an approved non-CCU employee/volunteer advisor] to accompany the organization.
11. Sign or co-sign appropriate University forms, such as those for the organization’s requests for use of campus facilities, purchase orders, travel requests, or the registration of visiting speakers, or lectures.
12. Attend information meetings regarding student organizations as necessary when scheduled by the Director of Student Activities.
13. Serve for a period of one year, or if for any reason an adviser is unable to serve, continue to act as advisor until such time as a successor is appointed.
14. Contact the Sport Club Coordinator when questions or problems arise.
DEPARTMENT OF CAMPUS RECREATION
Advisor Confirmation

<table>
<thead>
<tr>
<th>Student Organization</th>
<th>Advisor Name</th>
</tr>
</thead>
</table>

Check One:
☐ I am an employee of Coastal Carolina University
☐ I am a non-CCU employee/volunteer

(If non-CCU employee/volunteer, please skip to question 2)

(Initial below)

1. As a CCU employee, I will undergo a background check if I have not already done so.
(please skip to question 5)

2. As a non-CCU employee/volunteer, I understand that my involvement in this organization is subject for approval by the designated University representative.

3. As a non-CCU employee/volunteer, I understand that I am subject to a background check and have completed the appropriate form.

4. As a non-CCU employee/volunteer, I have completed the following forms:
   - Confidentiality Agreement for Non-employees and Volunteers
   - Liability Release
   - Forms may be picked up in the Office of Student Activities and Leadership

5. I understand and will follow the advisor responsibilities as outlined in the Student Organization Handbook.

Signature
________________________________________
Date
________________________________________

Print Name
________________________________________
Position/Office/Department (if applicable)
________________________________________

Email Address
________________________________________
Cell Phone
________________________________________

Campus Address (if applicable)
________________________________________
Office phone
________________________________________

Home Address
________________________________________
Home Phone
________________________________________
DEPARTMENT OF CAMPUS RECREATION

Student Center Copier Contract

2009 – 2010

___________________________________________
Organization

I acknowledge that I have received the password code for the usage of the copier located in Williams-Brice 151 and that the above listed organization has an on-campus account of $25.00 (625 copies). I also understand that the above listed organization will be billed at the end of each semester for overage at $.04/copy. Failure to pay fees will result in the discontinuation of copier use.

Only the president of the club/organization will be given the copier code and he or she will be responsible for giving this information to the individual(s) that will be making copies for their club/organization. This information will not be given out by any Staff or Student Assistant in the Campus Recreation Office.

I understand and accept the terms of this contract.

___________________________________________
President’s Name (printed)

___________________________________________
Password Code (only given to President)

___________________________________________
Signature

___________________________________________
Date
DEPARTMENT OF CAMPUS RECREATION

Use of Facilities Contract

The following agreement between Coastal Carolina University (the University) and the Student Organization named herein (the User) constitute a contract for the use of the specified equipment and/or facilities belonging to the University, under all conditions stated herein.

Coastal Carolina University agrees to allow: ____________________________________________________________

(Organization Name)

Address/Telephone Number: Williams-Brice 151
843.349.2800

To use Building/Room Number(s): Coastal Carolina University facilities as per room request(s) that shall be addenda to this contract.

The University is pleased to make classrooms available for student groups. We do ask that groups remember that the primary purpose of these rooms is for academic instruction. Failure to comply with this agreement will result in forfeiture of future space reservation privileges’. Student Organizations are accountable to the Office of the Vice President of Student Affairs for misconduct.

Cancellation by the User of any reserved facility or equipment must be done five (5) working days prior to the event. The University reserved the right, after timely notification, to reassign facilities to assure maximum and most appropriate utilization of the University’s facilities to accomplish its mission programs. In extreme cases, the University, after timely notification, may cancel the use of facilities and/or equipment if such items are required in the accomplishment of its mission program.

The User is responsible for the conduct of its representatives. The User shall pay to the University, on demand, such sum as shall be necessary to repair any damage or exceptional cleaning to said premises or equipment by candle wax, the User will either be assessed for full replacement cost of the damaged items or a carpet cleaning fee equal to cleaning the entire room. The University reserves the right to remove participants or groups from its facilities whose conduct, in the University’s opinion, becomes injurious, or potentially injurious, to the campus community.

The use of open flames (except those approved for use by the University’s food service contractor in approved food warming devices) within a facility is strictly prohibited. This includes, but is not limited to candles, fireworks, charcoal grills, etc.

Any damage to rooms, auditorium, or stage wall with nails, tacks, or tape that would damage paint (the auditorium wall is used as a screen for overheads or screening) will be paid for by the User. These charges will be assessed by the Office of Student Activities & Leadership and are payable upon receipt of invoice. Failure to pay will result in cancellation of all room privileges, suspension of activities and hold will be placed on the organization/club account until debt is satisfied up to one (1) academic school year.

The University, in making classrooms available for student and community groups, requires that any furniture or other room equipment moved to facilitate the Users use must be returned to its original configuration so that the room will be ready for classes. Smoking is prohibited in all university buildings. NOTE: food or drinks are not allowed in any of the classrooms or the auditoriums.
The User agrees to hold the University, its officers, agents, and employees harmless for any damages or injuries that might occur to the User or any member of the User’s group, while using the campus facilities. User will be solely responsible for any damages or injuries resulting from using bystanders or other volunteers to assist in any way.

In order to ensure that the University is appropriately represented, the User shall provide the Department of Campus Recreation an advance copy of all proposed advertising and correspondence for accuracy and approval. If required by the User, the University will provide, upon request, an approved University logo which is a registered and fully protected trademark.

This original contract should be returned to:

Department of Campus Recreation  
Coastal Carolina University  
P.O. Box 261954  
Conway, SC 29528-6054.

**Special Terms & Conditions:**

Organization representative indicated below will provide a copy of this contract to the organization adviser upon signing.

Coastal Carolina University will not be liable for any articles belonging to the User at any time.

Catering or food service must be provided by ARAMARK and may be arranged by contacting the Department of Campus Recreation at (843) 349-2800.

USE of CANDLES and open flames are strictly prohibited. Battery operated candles are suggested.

An online “Reservation Request” form must be completed for all events whether on-campus or off-campus.

Should you need to make changes to your reservation, please contact the Department of Campus Recreation at (843) 349-2800.

__________________________________________  ________________________________
Sport Club Coordinator  

Date

__________________________________________  (____)____________  ________________________________
Print/Type Contacts’ Name  

Telephone#  

Organization Title/Position

__________________________________________
Organization Contacts’ Signature

____________________________
Adviser’s Name (Print or type)