

**KEENE STATE COLLEGE
RECREATIONAL SPORTS
SPORT CLUB PROGRAM**

CLUB MEMBERSHIP ROSTER

This form must be completed, kept current, and on file in the Recreational Sports Office, and is due immediately following the first meeting of the club. Any additional members must be added before the next scheduled practice or meeting. There is additional space on back of sheet.

Club: _____ **Semester & Year:** _____

NAME (LAST / FIRST) (PRINT)	CLASS STATUS (Fr, So, Jr, Sr)	STUDENT I.D.#	PHONE	HEALTH FORM Y/N	RISK FORM Y/N
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NAME (LAST/FIRST) (PRINT)	CLASS STATUS (Fr, So, Jr, Sr)	STUDENT I.D.#	PHONE	HEALTH FORM Y/N	RISK FORM Y/N
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***I hereby acknowledge that all persons listed are members in good academic standing have signed and returned the assumption of risk and liability form, have returned a completed health information form and have shown proof of medical insurance.**

*(Sport Club President's Signature)

(Date)