

CLUB SPORTS
FACULTY/STAFF ADVISOR INFORMATION FORM
Department of Campus Recreation



CLUB SPORT ORGANIZATION: _____ **ACADEMIC YEAR:** _____

ADVISOR INFORMATION:

NAME: _____

DAYTIME PHONE: _____ **PSU EMAIL:** _____

CAMPUS ADDRESS: _____

Serving in the capacity of Advisor for the above listed club sport organization at The Pennsylvania State University (University Park campus), I recognize, understand, and accept the responsibilities, policies, and procedures as outlined in the club's constitution and the Penn State Club Sports Program Policies and Procedures Manual.

I will carry out these duties, policies, and procedures to the best of my ability. I will report any club or club member misconduct or policy violation, which I may become aware of, to the Club Sports Program Office. I understand that in this role I am also considered a Campus Security Authority under the Jean Clery Act and will complete annual Clery Act training.

I certify that I am a full-time Faculty or Staff member at The Pennsylvania State University (University Park Campus).

ADVISOR SIGNATURE

DATE

As president of the above listed club sport organization, I certify that our faculty/staff advisor was selected and approved by our organization under the procedures we have outlined in our club constitution.

PRESIDENT SIGNATURE

DATE