

Club Sport Captain's Checklist

Captain,

Welcome to Club Sports at Wheaton College! We are thankful that you decided to lead an athletics club and continue to pursue your athletic endeavors in college. As a college, we want to ensure that all members are able to participate in a fun and safe way for all. Before you begin participation, there are a few things that we need you to do! Please note, all of these things must be completed and signed off on from the proper officials. **ALL MEMBERS NEEDS TO COMPLETE AND SUBMIT THE 'PASSPORT TO PARTICIPATE' BEFORE ANY PARTICIPATION OCCURS. ALL OTHER PAPERWORK NEEDS TO BE RETURNED TO THE CSID OR SUBMITTED ELECTRONICALLY.**

Name: _____

Club Sport: _____

- | | | |
|--------------------------|-------|---|
| <input type="checkbox"/> | _____ | <i>Captains Only—Due before first practice and/or competition</i>
Read Club Sports Manual & Review Club Constitution |
| <input type="checkbox"/> | _____ | Leader's List |
| <input type="checkbox"/> | _____ | Team Roster Form |
| <input type="checkbox"/> | _____ | Competition Schedule |
| <input type="checkbox"/> | _____ | Facility, Equipment & Transportation Requests |
| <input type="checkbox"/> | _____ | Club Sports Budget |
| <input type="checkbox"/> | _____ | Apply/Confirm to Drive Wheaton College Vehicles (2-3/team) |
| <input type="checkbox"/> | _____ | Coach/Advisor Information Form & Volunteer Agreement
(CPR/AID Certification Recommended) |

-
- | | | |
|--------------------------|-------|---|
| <input type="checkbox"/> | _____ | <i>All Members-- Due before ANY participation occurs</i>
Club Sports Medical Information and Release |
| <input type="checkbox"/> | _____ | Club Sports Waiver and Release of Liability |
| <input type="checkbox"/> | _____ | Wheaton College's Athletic Hazing Policy |
| <input type="checkbox"/> | _____ | Clearance Form by SHS |
| <input type="checkbox"/> | _____ | Swim Test Clearance Form (Crew Only) |

Form B: Leaders List

Club Name _____

Captain: _____

Phone: _____

Cabinet Role :

Name

Phone: _____

Cabinet Role :

Name

Phone: _____

Cabinet Role :

Name

Phone: _____

Cabinet Role :

Name

Phone: _____

Coach (contact sports): _____

Phone: _____

Campus Dept: _____ (if applicable)

Email: _____

Advisor (non-contact sports): _____

Phone: _____

Campus Dept: _____ (if applicable)

Email: _____

Form A: Team Roster

Club Name _____

By signing this form I am stating that I agree to abide by the rules, regulations and policies of the Club Sports program at Wheaton College. I know that if I ever have questions about what those rules, regulations and policies are or how they apply to a certain situation, I am to consult with my club captain or the Club Sports Director before proceeding. I realize that if I do not adhere to these responsibilities as a club sport member, I could lose my opportunity to compete, and possibly jeopardize the right of the club to continue to exist as well.

Name (Please Print)	Signature	ID #	Year
1 _____ (Captain/President)	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____
9 _____	_____	_____	_____
10 _____	_____	_____	_____
11 _____	_____	_____	_____
12 _____	_____	_____	_____
13 _____	_____	_____	_____
14 _____	_____	_____	_____
15 _____	_____	_____	_____
16 _____	_____	_____	_____
17 _____	_____	_____	_____
18 _____	_____	_____	_____
19 _____	_____	_____	_____
20 _____	_____	_____	_____

Form C: Competition Schedule

Club Name _____

Official Start Date of Season (practice included): _____

Official Finish Date of Season: _____

Practice Schedule

Captains should work with Club Sport Director to facilitate space scheduling for practices. Requests for scheduling gym/field space must be put in a month prior to beginning of each quad. Once all requests are in, space will be allotted in a round-robin fashion. Please notify the CSID if there is any cancellation of facility space prior to the event. Clubs using outdoor field space are not permitted to use fields during closings due to inclement weather or grass field conditions.

Competition Schedule

Date	Time	Opponent(s)	Location	Coach/Advisor Approval

Approved: _____
(Club Sports & Intramurals Director)

Date: _____

PROGRAM BUDGET

Club Sport _____

	Credit
Beginning Balance	
Member Dues	
Fundraising	
Donations/Gifts	

TOTAL _____

	Debit
Facilities Fees	
Tournament Fees	
Transportation Fees	
Athletic Training Fees	
Official Fees	
Equipment	
Fees	
Apparel	
Coach's Stipend	

TOTAL _____