Recreation Programs
Club Sport Member Form

Each member of a club sport must complete the following information for the Office of Campus Life and Recreation Programs. This information will be kept confidential.

Club Sport _____ **Name** _____

Full Permanent Address _____

Local Address _____

Local Phone Number _____ Email _____@rider.edu

Demographics (Please check all that apply.):

Academic Year: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Residence: ☐ Commuter ☐ Resident

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Caucasian ☐ Afro-American ☐ Native American
☐ Hisp/Mex/Pr/Cuban ☐ Asian/Pac. Islander ☐ Other_____

Hazing Policy
Within the context of a person(s) attempting to join, or retain "membership" in a group or organization: any action or situation which recklessly or intentionally risks the mental, psychological or physical wellbeing of a student with or without his consent; which requires or encourages violation of public law or University policy; or, which may tend to ridicule, mistreat, degrade, humiliate or harass any individual is strictly prohibited. (University consequences may range from levels 2 to 4.)

New Jersey Hazing Law
2C:40-3. Hazing; aggravated hazing

a. A person is guilty of hazing, a disorderly persons offense, if, in connection with initiation of applicants to or members of a student or fraternal organization, he knowingly or recklessly organizes, promotes, facilitates or engages in any conduct, other than competitive athletic events, which places or may place another person in danger of bodily injury.
b. A person is guilty of aggravated hazing, a crime of the fourth degree, if he commits an act prohibited in subsection a. which results in serious bodily injury to another person.

I, the undersigned, have been made aware of the Rider University Guidelines defining and prohibiting hazing, the Rider University Policy on Hazing and the pertinent laws of the State of New Jersey. I accept the responsibility for compliance with these laws and policies.

_____ _____ _____
Print Name Sign Name Date

Office Use Only:
_____ Date Completed Health Statement for Academic Year _____ Staff Initials
_____ Date Completed Assumption of Risk Form _____ Staff Initials