

Club Sports Program Safety Officer Acceptance of Responsibility Form

Name: _____ Club Sport Organization Name: _____

Academic Year: _____ PSU Email: _____

Day Phone: _____ Evening Phone: _____

Local Address: _____

Please check one of the following:

- Coach
- Club Member

I hereby accept the responsibility of serving as a Safety Officer for the _____.
name of club sport organization

I understand that in order to serve in this capacity, I must maintain certifications in CPR, AED, and First Aid from a Club Sports Program approved provider. I understand that it is my responsibility to monitor the safety of the environment in which the _____ is participating, and report any
name of club sport organization
unsafe conditions, accidents, and/or incidents to the Club Sport Coordinator. I understand that the _____ will not be allowed to participate in any activity without a safety officer
name of club sport organization
present. I agree to show valid personal identification when asked by any Club Sport Program or facility staff.

Printed Name

Signature

Date