

SPORT CLUB ADVISOR ACCEPTANCE OF RESPONSIBILITY FORM

I, _____, serving as the Advisor for the _____ Sport Club at Florida Gulf Coast University, recognize, understand, and accept the responsibilities as outlined in the Sport Clubs Constitution, the Sport Clubs Handbook and the Office of Campus Involvement Student Organization Manual. I will carry out these duties and policies to the best of my ability. These duties include but are not limited to the following;

- Serve as an information source, provide guidance and leadership, but do not direct its activities.
- Be knowledgeable of and help interpret the guidelines and procedures for Sport Clubs.
- Ensure that the club members are informed of the guidelines and procedures.
- Assist in the planning/review of the clubs schedule and calendar.
- Offer ideas and assistance for events.
- Assist with developing and overseeing the club budget.
- Assist the group with evaluation.
- Ensure the Sport Club abides by university policies and procedures.

Campus Address: _____

Phone: Campus: _____ Fax: _____ Home: _____

Email: _____ # of years with Sport Club: _____

I also certify that I am a full-time **Faculty** or **Staff** member at FGCU Fort Myers FL.
(please circle one)

Sport Club Advisor: _____ Date: _____
(signature)

Sport Club President: _____ Date: _____
(signature)

For Sport Club Office Use Only:

Sport Club Coordinator: _____ Date: _____