Columbus State University

Club Sport Membership Roster

Club Sport: _____

Semester: _____

I understand that my signature on this membership roster authorizes the release of my academic records for the purpose of verifying team eligibility as a currently enrolled student at Columbus State University. All students **must sign a waiver of liability** in addition to this roster. Participation in any club sport activity, practice and/or competition is strictly **voluntary**.

Print Full Name:	Signature:	909 I.D. Number:	Phone:	Academic year: