STUDENT ORGANIZATION REGISTRATION CHECKLIST

Organization Name:
Semester / Year:
Organization Registration Application
Constitution & Bylaws (local)
Constitution & Bylaws (national, if applicable)
RSO Officer Form
Membership Roster
Statement of Compliance & Advisor Signature Form
Insurance Clarification Statement
Release from Liability & Statement of Voluntary Consent
Hazing Policy Statement of Compliance

REGISTRATION FORM

	Organization Name	
	Mailing Address	
	Email/URL (optional)	
	<u>OFFICERS</u>	
	President	
	Vice President	
	Secretary	
	Treasurer	
	Advisor Phone	
	TOTAL NUMBER OF MEMBERS (at time of registration/re-registration)	
1.	What is the purpose of your organization?	
2.	What are the membership requirements? On what basis are members selected? (e.g., grades, interest, vote of members major, etc.)	
3.	GPA required:	
4.	When are officers elected?	
5.	What is their term of office?	

6. Type of	of Organization (check one):				
	Academic Honorary Recreational Social				
	Departmental Leadership Religious Professional				
	Fraternal Other (specify)				
6. This org	ganization is: Local State National				
7. Meetin	ngs: Day Time:				
	Place: How Often:				
	his organization regularly or annually sponsor any activities? Please note the month(s) in you plan to schedule these activities?				
9. a)	Are dues assessed?				
b)	If yes, how much is charged annually?				
c)	How much benefits the local campus organization?				
d)	Where are the dues deposited?				
e)	State purpose of such dues:				
10. a)	Does the organization receive money from any source other than dues?				
b)	If yes, name the source(s)				
c)	State the annual amount(s)				
d)	Where are the funds deposited?				
e)	State the purpose of such funds:				
Signed:	Date:				
Title:	Semester/Year				

SAMPLE CONSTITUTION OUTLINE

***This Constitution outline may help you in organizing your own Constitution. ***

GUIDELINES FOR A CONSTITUTUION

PREAMBLE (if desired) ARTICLE I

The name of this organization shall be

ARTICLE II
Purpose

List the purposes of the organization.

ARTICLE III

The membership section must include a statement similar to the statement of non-discrimination in the registration material. No university student may be denied membership on the basis of race, creed, sec, age, national origin, handicap or the inability to pay dues.

ARTICILE IV

In sections under this article, list the offices to be established, qualifications for the offices, and the method of selection and term of office. Please describe the selection process and term of office of the faculty/staff advisor.

ARTICLE V

In this section list separately the duties of the following or corresponding offices: president, vice president, secretary, treasurer, and such other officers or standing committees as may be established for the administration of the group.

The statement concerning the treasurer should include "the treasurer shall keep accounts, deposit the organization's funds and make expenditures." If the organization receives student activity/service fees Student Activities Accounting located in 347 Union must approve all expenditures.

ARTICLE VI Amendments

This section should contain a statement as to how amendments to the Constitution are to be made. Any amendments must be approved by the Director. Changes in the name and/or purposes of the organization must be submitted in writing to the student Activities and Organizations Office, 323 Union.

Your RSO constitution <u>must</u> include the following nondiscrimination statement:

"No university student may be denied membership on the basis of race, creed, religion, gender, age, sexual orientation, national origin, marital status, parental status, disability, or the inability to pay dues."

GUIDELINES FOR BY-LAWS

BY-LAWS

Sections in the B	v-laws should	contain how	vour RSO	will handle	most of th	e following:
	J		J			

Sections in the By-	-laws should contain how your RSO will handle most of the following:
1.	Definitions of a quorum
2.	Committees
3.	Election process
4.	Officer Vacancies
5.	Reports
6.	Dues and assessments
7.	Rules of order
8.	Amendments to By-Laws
9.	Time and place of meetings
•	of the president and faculty/staff advisor, along te of adoption, should appear at the end of the n as such:
Signature of th	e President Date of Adoption
Signature of the	ne Advisor
	D 4 .: 41:

Do not sign this page, only at the end of your RSO constitution.

RSO Officer Form

To be completed at the beginning of EACH semester

Total # of Members:	Total # FS	SU PC Students:
PRESIDENT:		
Name:		
Address:		
Cell Phone:	Email Address:	
VICE PRESIDENT:		
Name:		
Address:		
Cell Phone:	Email Address:	
SECRETARY:		
Name:		
Address:		
Cell Phone:	Email Address:	
TREASURER:		
Name:		
Address:		
Cell Phone:	Email Address:	
ADVISOR:		
Name:		
Address:		
Cell Phone:		

President Signature:		Date:
Advisor Signature:		Date:

Florida State University Panama City

Registered Student Organization Membership Application

Each new member must fully complete. Existing members to be updated each semester.

Name of RSO:		
Name of Member:		
Address:		
Phone Number:		
Student Email:		
Signature:		
	tus and initial next to th ama City student T -curr	ne current semester as member of RSO. ent FSU Tallahassee student on-FSU Student
Fall 2014	Spring 2015	Summer 2015
For Office Use	For Office Use	For Office Use
Fall 2015	Spring 2016	Summer 2016
For Office Use	For Office Use	For Office Use
Fall 2016	Spring 2017	Summer 2017
For Office Use	For Office Use	For Office Use
Fall 2017	Spring 2018	Summer 2018
For Office Use	For Office Use	For Office Use
Fall 2018	Spring 2019	Summer 2019
For Office Use	For Office Use	For Office Use
Date of Membership		

 ${\bf Student\ Organization\ Membership\ Roster} \\ {\it To\ be\ kept\ current.\ Turn\ in\ at\ beginning\ of\ semester\ AND\ with\ monthly\ reports\ when\ new\ members\ join.}$

Organization:	
Semester / Year:	

Name -please print legibly	Mailing Address	City	State	Zip Code	Phone Number	Email @my.fsu.edu

Florida State University Panama City **Statement of Compliance**

(Have all officers sign)

No organization shall discriminate in membership or activities on the basis of race, creed, sex, age, national origin, handicap or the inability to pay dues.

Purposes and activities of registered student organizations must not conflict with the purposes and regulations of Florida State University, Board of Regents policies or with state or federal laws.

A majority of the members of a registered student organization must be registered Florida State University students. Participation of faculty and staff is encouraged.

I certify all of this information to be true and that this organization complies in policy and practice with the rules governing registered student organizations.

Signature	Date
Title	
	Date
Title	
Signature	Date
Title	
Signature	Date
Title	
	ADVISOR INFORMATION
Name	Dept
Position	Phone
I have agreed to serve as Advisor to	(Name of Student Organization)
Signature	Date

INSURANCE CLARIFICATION STATEMENT

(To be signed by each officer)

I,	, of
(Name & Office Held	, ()
(Student organization	n)
fully understand that Florida State University has no insur- organization. If my organization chooses not to purchase activities, I fully understand that my organization will be any claims, which may result, will be against my organiza- understand that Florida State University cannot defend the present insurance coverage or defray the costs of defendir organizations, its officers or members.	commercial insurance coverage for its held fully liable for its activities and ation, its officers and members. I e activities of my organization under its ng any lawsuit or claim against my
Understanding fully the above, I, on behalf of	(Student organization)
hold the State of Florida, Florida state University, the Florida and employees harmless for any claims caused by the acti	rida Board of Regents, their officers
Furthermore, I fully understand that it is my responsibility organization regarding the content of this document.	y to inform the members of my
Signature of Organization President:	Date
Approved for Florida State University: (Director of Stude	Date
(Director of Stude	ent Affairs)

INSURANCE CLARIFICATION STATEMENT

(To be signed by each officer)

I,	, of
(Name & Office Held)	
(Student organization)	
fully understand that Florida State University has no insurance cover organization. If my organization chooses not to purchase commercia activities, I fully understand that my organization will be held fully I any claims, which may result, will be against my organization, its of understand that Florida State University cannot defend the activities present insurance coverage or defray the costs of defending any laws organizations, its officers or members. Understanding fully the above, I, on behalf of	al insurance coverage for its iable for its activities and ficers and members. I of my organization under its
Furthermore, I fully understand that it is my responsibility to inform organization regarding the content of this document.	the members of my
Signature of Organization President:	Date
Approved for Florida State University: (Director of Student Affairs)	Date

INSURANCE CLARIFICATION STATEMENT

(To be signed by each officer)

I,	
(Name & Office Held)	
(Student organization)	
fully understand that Florida State University has no insurance covering the activities of organization. If my organization chooses not to purchase commercial insurance covera activities, I fully understand that my organization will be held fully liable for its activitiany claims, which may result, will be against my organization, its officers and members understand that Florida State University cannot defend the activities of my organization present insurance coverage or defray the costs of defending any lawsuit or claim agains organizations, its officers or members.	ge for its es and s. I under its
Understanding fully the above, I, on behalf of(Student organization)	
hold the State of Florida, Florida state University, the Florida Board of Regents, their of and employees harmless for any claims caused by the activities of my organization.	fficers
Furthermore, I fully understand that it is my responsibility to inform the members of my organization regarding the content of this document.	ý
Signature of Organization President:Date	
Approved for Florida State University:Date	

INSURANCE CLARIFICATION STATEMENT

(To be signed by each officer)

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(Name & Office Held)		
(Student organizatio	n)	
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Furthermore, I fully understand that it is my responsibilit organization regarding the content of this document.	y to inform the members of my	
Signature of Organization President:	Date	
Approved for Florida State University: (Director of Stud	Date	
(Director of Stud	ent Affairs)	

INSURANCE CLARIFICATION STATEMENT

(To be signed by each officer)

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(Name & Office Held)				
(Student organization)				
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Understanding fully the above, I, on behalf of	(Student organization)			
hold the State of Florida, Florida state University, the Florida and employees harmless for any claims caused by the act	orida Board of Regents, their officers			
Furthermore, I fully understand that it is my responsibilit organization regarding the content of this document.	ry to inform the members of my			
Signature of Organization President:	Date			
Approved for Florida State University: (Director of Stud	Date			
(Director of Stud	lent Affairs)			

RELEASE FROM LIABILITY AND STATEMENT OF VOLUNTARY CONSENT

** This form must be completed at the onset of each academic year and at the point that new members are added to the organization.**

In consideration of my participation in: (Description and designation of activity)

and for other good and valuable considerations received by me, receipt of which I hereby acknowledge, I the undersigned, having actual knowledge and conscious appreciation of the particular dangers involved in the activities described herein, including, but not limited to, those risks which are peculiar to this type of activity; do hereby voluntarily consent to my participation in the aforementioned activity and assume any and all risks arising there from.

I hereby declare and represent that in making, executing, and giving this release and statement of voluntary consent, I understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my participation in the described activity, and that I have read this statement, understood its contents, and executed it of my own free will and choice.

Printed Name	Signature	Date

This form is designed for use by student organizations and other activities of the Student Government at Florida State University Panama City. The form must be completed and signed by all participants and given to the SGC/RSO Program Associate Rm. 310 Barron Building **prior to the activity.**

Print as many of these pages as needed

NOTE: The Florida State University disclaims liability for any damage or injury, which may arise out of the activity described above.

FSU INITIATION AND HAZING POLICY

Pledge-education or new-member programs and activities must not interfere with the rights and activities of others and should always reflect the best interests of the members of the organization it represents and the university community as a whole. Initiation week activities should not interfere with or be detrimental to organization members' or prospective members academic performance. Initiation week activities, therefore shall not be scheduled during the week prior to or the week of final exams and shall no be referred to as "hell week."

The University strictly forbids hazing. Hazing for the purposes of this policy shall mean any action, activity, or situation which recklessly, negligently, or intentionally endangers the mental or physical health or safety of a person for the purpose of initiation or admission into or affiliation with any organization operating under the sanction of the University, hereinafter referred to as "university organization."

Hazing shall include, but not be limited to forcing, requiring, or expecting pledges, associate members or prospective members (hereinafter referred to as "pledges") or initiated members of university organizations to participate in any of the following actions or activities:

- 1. Drinking alcohol or any other substances.
- 2. Using any drug, narcotic, or controlled substance.
- 3. Eating spoiled foods, raw onions, goldfish, or anything a reasonable person would not eat.
- 4. Dropping food or other substances (e.g., eggs, grapes, liver) into another person's mouth.
- 5. Tying a person to a chair, pole, anchor, tree, or any other object or to another person.
- 6. Causing Excessive fatigue through physical exercise or psychological shock.
- 7. Branding.
- 8. Paddling, whipping, or beating of any nature.
- 9. Performing calisthenics (e.g., sit-ups, push-ups, runs).
- 10. Pushing, shoving, tackling, or any other physical abuse.
- 11. Throwing anything (e.g., whipped cream, garbage, water, paint, eggs) at a person or group of people.
- 12. Exposing oneself indecently or appearing nude or in a way that is considered offensive by a reasonable person.
- 13. Subjecting a person or group of people to verbal harassment.
- 14. Calling people demeaning names.
- 15. Misleading pledges in an effort to convince them that they will not be initiated, that they will be hurt during initiation, or any other activity that would cause extreme mental stress.
- 16. Carrying items (e.g., shields, paddles, bricks) that serve no constructive purpose or that is designed to punish or embarrass the carrier.

- 17. Waking pledges, or initiated members at odd intervals or permitting fewer than six continuous hours of sleep each night.
- 18. Conducting activities that do not allow adequate time for study.
- 19. Wearing apparel or accessories that are demeaning and not normally in good taste or wearing items that cause discomfort.
- 20. Defacing property (e.g., trees, grounds, buildings, cars, or other university or private property.
- 21. Stealing any property (e.g., trophies, composites).
- 22. Compelling a person or group to remain at a certain place or transporting a person or group anywhere without their consent (e.g., road trips, kidnappings).
- 23. Assigning or endorsing pranks (e.g., stealing, panty raids, harassing another organization).
- 24. Engaging in public stunts, buffoonery, or other embarrassing activities.
- 25. Yelling when entering, traveling through, or leaving any public building.
- 26. Intentionally "trashing" any area for the purpose of annoying others or for having others cleans the "trashed" area.
- 27. Preventing pledges from talking for an extended period of time for no constructive purpose.
- 28. Having pledges perform personal chores or errands.
- 29. Blindfolding and parading individuals in public areas, blindfolding and transporting in a motor vehicle, or privately conducting blindfolding activities that serve no constructive purpose.
- 30. Answering telephones or doors with a prescribed chant, riddle, song, or rhyme.
- 31. Allowing pledges to use only a particular door when entering or leaving any building or to use only a certain stairway within a building.
- 32. Conducting "interrogations" or any other non- constructive questioning.

For the purpose of this code, any activity as described above upon which the initiation or admission into or affiliation with a university organization is directly or indirectly conditioned shall be presumed to be a forced activity, the willingness of an individual to participate in such activity notwithstanding.

Any person suffering or witnessing a hazing activity is encouraged to report the incident to appropriate university officials in the Office of the Dean.

The principal officer of each university organization shall be responsible for informing pledges and initiated members of the University Hazing Policy.

FLORIDA STATE UNIVERSITY PANAMA CITY CAMPUS

HAZING POLICY STATEMENT OF COMPLIANCE

As part of registration or re-registration requirement, all student organizations must submit a signed Hazing Policy Compliance Form to the Student Government Council offices in room 309 Barron Building, by September 1 of each year. In addition, a new form must be submitted after each presidential election or appointment. Failure to do so may result in withdrawal of University recognition.

HAZING POLICY AC	GREEMENT
I,	, have read and understand the
University Hazing Policy and assume responsibility for	or informing members and initiates/pledges
about the policy. All activities sponsored or required	by our organization are in compliance with
this policy.	
Signature of President	Date
Name of Registered Student Organization	