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 Organization (check one):								
		Academic	Honorary	Red	creational	Social			
		Departmental	Leadership		Religious	Professional			
		Fraternal	Other (specify)_						
6.	This org	ganization is:	Local S	State	National				
7.	Meeting	gs: Day		_	Time:				
		Place:		_	How Often:				
8. Will this organization regularly or annually sponsor any activities? Please note the month(s) in which you plan to schedule these activities?									
9.	a)	Are dues assessed	1?						
	b)								
	c)	How much benefit	its the local campus	organi	zation?				
	d)	Where are the due	es deposited?						
	e)								
10	. a)	Does the organiza	ntion receive money	from a	any source other	than dues?			
	b)	If yes, name the s	ource(s)						
	c)	State the annual a	mount(s)						
	d)	Where are the fun	nds deposited?						
	e)								
Sig	gned:				_ Date: _				
Tit	le:				_ Semeste	r/Year			

SAMPLE CONSTITUTION OUTLINE

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

GUIDELINES FOR A CONSTITUTUION

PREAMBLE (if desired) ARTICLE I

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 t	he E	3y-laws	should	contain l	how '	your R	SO	will	handle	most	of th	ie fo	llowir	ng:
			_				,								$\boldsymbol{\mathcal{C}}$

1.	Definitions of a qu	ıorum		
2.	Committees			
3.	Election process			
4.	Officer Vacancies			
5.	Reports			
6.	Dues and assessm	ents		
7.	Rules of order			
8.	Amendments to B	y-Laws		
9.	Time and place of	meetings		
_	te of adoptic		culty/staff adv appear at the e	_
Signature of th	e President		Date of Adoption	
Signature of th	ne Advisor			
	Do	not sign th	is page.	

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 # FSU PC Students:	:
PRESIDENT:		
Name:		
Cell Phone:	Email Address:	
VICE PRESIDENT:		
Name:		
Address:		
Cell Phone:	Email Address:	
SECRETARY:		
Name:		
Address:		
Cell Phone:	Email Address:	
TREASURER:		
Name:		
Address:		
Cell Phone:		
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:		
<u> </u>	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		

Student Organization Membership Roster
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	
Signature	Date
Title	
Signature	Date
Title	
Signature	Date
Title	
FACULTY/S	TAFF ADVISOR INFORMATION
Name	Dept
Position	Phone
I have agreed to serve as Advisor	(Name of Student Organization)
Signature	_Date

INSURANCE CLARIFICATION STATEMENT

(To be signed by each officer)

I,	, of
(Name & Office Held)	,
(Student organization)
fully understand that Florida State University has no insur- organization. If my organization chooses not to purchase a activities, I fully understand that my organization will be It 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 defendin organizations, its officers or members.	commercial insurance coverage for its neld fully liable for its activities and tion, its officers and members. I activities of my organization under its g 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 Flor and employees harmless for any claims caused by the activ	ida Board of Regents, their officers
Furthermore, I fully understand that it is my responsibility organization regarding the content of this document.	to inform the members of my
Signature of Organization President:	Date
Approved for Florida State University:	Date
(Director of Stude	nt Attairs)

INSURANCE CLARIFICATION STATEMENT

(To be signed by each officer)

I,	, of
(Name & Office Hele	d)
(Student organization	n)
fully understand that Florida State University has no insurvence 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 organization that Florida State University cannot defend the present insurance coverage or defray the costs of defendition organizations, its officers or members.	e commercial insurance coverage for its held fully liable for its activities and action, its officers and members. I he 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 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:	Date
(Director of Stud	ent Affairs)

INSURANCE CLARIFICATION STATEMENT

(To be signed by each officer)

I,	, of			
(Name & Office Hele	d)			
(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:	Date			
(Director of Stud	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 covering the activitie organization. If my organization chooses not to purchase commercial insurance covactivities, I fully understand that my organization will be held fully liable for its acti any 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 againg organizations, its officers or members.	erage for its vities and pers. Ition 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 and employees harmless for any claims caused by the activities of my organization.	r officers			
Furthermore, I fully understand that it is my responsibility to inform the members of organization regarding the content of this document.	my			
Signature of Organization President: Date				
Approved for Florida State University: Date (Director of Student 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 ins organization. If my organization chooses not to purchas activities, I fully understand that my organization will be any claims, which may result, will be against my organi understand that Florida State University cannot defend to present insurance coverage or defray the costs of defend organizations, its officers or members.	se commercial insurance coverage for its e held fully liable for its activities and zation, its officers and members. I he activities of my organization under its ling any lawsuit or claim against my			
Understanding fully the above, I, on behalf of				
hold the State of Florida, Florida state University, the Fl and employees harmless for any claims caused by the ac				
Furthermore, I fully understand that it is my responsibility organization regarding the content of this document.	ity to inform the members of my			
Signature of Organization President:	Date			
Approved for Florida State University:	Date			
(Director of Stu	dent 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 AGREEMENT		
I,	, have read and understand the	
University Hazing Policy and assume responsibility	for informing members and initiates/pledges	
about the policy. All activities sponsored or require	ed by our organization are in compliance with	
this policy.		
Signature of President	 Date	
Name of Registered Student Organization		