Community Colleges of Spokane

CLUB/ORGANIZATION STUDENT INFORMATION & EMERGENCY WAIVERS

Choose your club/organization and budget number:** _____

For the club/organization and budget number, here is a link to a list – club/organization and budget numbers.

Name of Event: _____

Students must be full-time with 10 credits or more, and have a 2.0 Cumulative, College Level GPA to travel using S&A funding

By my signature, I:

Authorize the following person to authorize Emergency Medical Treatment for me: _____

Accept financial responsibility for all services provided to me.

Student Name	EMPLID	Credits	GPA	Covid Vaccine Dates	Emergency Contact & Phone	Signature & Date