

INTRAMURAL TEAM ENTRY FORM

Team Name _____

Captain _____

Phone _____

My signature below indicates that I understand that there are physical injury risks inherent in any sport activity and that I may suffer minor or even serious injury by participating in this sport activity. Also, I have my own medical insurance coverage if not covered by University insurance and I attest that I am physically fit and sufficiently trained to participate in this activity. Lastly, I give my consent for photos to be taken of me for Intramural webpage purposes.

TEAM ROSTER

Name (PLEASE PRINT)	Signature	Resident	Commuter
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

This certifies that I have been given the Intramural game rules and assume full responsibility for the conduct of my team, team member's eligibility, and other team captain duties and responsibilities. In addition, I understand that after two forfeits my team will be ineligible for further competition in this sport.

Captain's Signature _____ **Date** _____

<u>M</u>	<u>F</u>	<u>R</u>	<u>C</u>	Office Use Only
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