



# Intramural Team Sports Entry Form

Team Name \_\_\_\_\_ (Offensive or discriminatory names will not be accepted)

Captain's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Captain's Signatures \_\_\_\_\_

**\*\*All Registrations Fees Are Non-Refundable without the approval of the Intramural Director\*\***

- Each student is advised to carry their own health/accident insurance.
- Current intercollegiate players are not eligible to participate in their respective sport.
- After two forfeits, the team is dropped from the remainder of the league and post season play.
- ID RULES WILL BE STRICTLY ENFORCED! (refer to intramural participant handbook for more details)

TEAM FEE DUE AT CAPTAIN'S MEETING  STAPLE RECEIPT HERE	Office Use Only:	Sport _____  League:                      Advanced                      Recreational (circle one)  Division:                      Men's                      Women's                      CO-ED (circle one)		
	Amount: _____			
	Check #: _____			
	Cash: _____			
	Credit: _____			
	Initials: _____			

**Team Availability** - Place an X in times your team is **UNAVAILABLE** to play.

	Sun	Mon	Tues	Wed	Thurs
12pm					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					

### Roster Rules:

- YOU MAY ADD TO THIS ROSTER UNTIL YOU HAVE ONE GAME REMAINING IN LEAGUE PLAY
- ROSTER MAXIMUM IS TWICE THE REQUIRED # OF PARTICIPANTS (4-ON-4 VOLLEYBALL – 8 MAX)
- ALL NAMES MUST BE COMPLETE (NO NICKNAMES)
- PARTICIPANTS MUST READ INDEMNITY STATEMENT AND SIGN THE ROSTER BEFORE PARTICIPATING
- LSC STUDENTS THAT LIVE IN THE RESIDENCE HALLS MUST PURCHASE A MWC MEMBERSHIP TO BE ELIGIBLE
- WITC STUDENTS MUST PURCHASE A MWC MEMBERSHIP TO BE ELIGIBLE TO PLAY
- MAXIMUM OF 2 FORMER VARSITY PLAYERS FOR ADVANCED OR OPEN LEAGUES

# INDEMNITY STATEMENT

I realize that the activities I participate within the UWS – Intramural Program can be dangerous and that my participation in these activities could result in serious injury or even death to myself or some other person. For these reasons, and in consideration of the University’s granting permission to me to participate in the activities of the University, I agree to release and indemnify the University in accordance with the following paragraphs: On behalf of myself, my family, heirs, and personal representatives, I hereby release the University, its trustees, Board of Regents officers, employees, and agents from any liability for the injuries or death sustained by me as a result of my participation in Intramural activity.

	Last Name	First Name	M/F	UWS Email Address	Signature
1				@uwsuper.edu	
2				@uwsuper.edu	
3				@uwsuper.edu	
4				@uwsuper.edu	
5				@uwsuper.edu	
6				@uwsuper.edu	
7				@uwsuper.edu	
8				@uwsuper.edu	
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