



# INTRAMURAL TEAM REGISTRATION

TERM:  Fall  J-Term  Spring

DATE SUBMITTED: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_ SPORT/ACTIVITY: \_\_\_\_\_  
(Appropriate names only)

GAME TIMES: Games will be played: *Game times may change depending on participation.*

**See Specific Sport for Dates/Times**

DAY PREFERENCE (Prioritize days 1 being the most preferred, 2 next preferred, and so forth):

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
_____	_____	_____	_____	_____	_____	_____

**We will try our best to accommodate your preferences, but there are no guarantees.**

As team captain, it is my responsibility to manage this team during the 2008-09 academic year. I acknowledge that I understand the eligibility rules and have confirmed that all players on my team are eligible to participate. In addition, I agree to take responsibility for my teams' compliance with all policies, rules, and regulations set forth by Hamline University, Campus Life, and the Intramural Program.

## TEAM CAPTAIN

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**TEAM CAPTAINS ARE RESPONSIBLE FOR ACCURACY AND COMPLETION OF TEAM ROSTER ON BACK**

### OFFICE USE ONLY

Date Received	Staff Signature	Captain's Meeting Attended
_____	_____	_____

# INTRAMURAL TEAM ROSTER & WAIVER

TEAM NAME: \_\_\_\_\_ TEAM CAPTAIN \_\_\_\_\_

## ASSUMPTION OF THE RISK, RELEASE, AND WAIVER OF LIABILITY

By signing this, participants understand and agree that participation in any and all Intramural activities, the use of property, facilities, equipment, and/or services at Hamline University is strictly voluntary. In addition, by signing below, participants acknowledge and agree to the following:

- I understand that my use of the property, facilities, equipment, and/or services of Hamline University and/or my participation in Intramural activities present certain risks of injury including but not limited to personal injury or death. Understanding the risk involved, I knowingly and voluntarily choose to take these risks in order to use the property, facilities, equipment, and/or services of the University and/or to participate in Intramural activities.
- I understand and agree that medical insurance is my responsibility. I acknowledge that Hamline University strongly recommends that I purchase health insurance to cover injury or illness which may result from my use of the property, facilities, equipment, and/or services of the University and/or my participation in Intramural activities. I understand that Hamline University does not provide insurance for any injury or illness which occurs as a result of my use of the property, facilities, equipment, and/or services of the University and/or my participation in Intramural activities.
- In case of emergency, accident, illness, or other incapacity which occurs while I am using the property, facilities, equipment, and/or services of the University and/or participating in Intramural activities, I give my permission to be treated by a medical professional and admitted to a hospital, if necessary. I understand and agree that I am responsible for all medical and emergency expenses incurred on my behalf regardless of whether I have authorized such expenses.
- I forever release Hamline University and the Intramural Program, together with their agents, officers, and employees, from any and all claims, suits, or actions of any nature resulting from or arising out of my use of the property, facilities, equipment, and/or services of the University and/or my participation in Intramural activities.

## TEAM ROSTER

Roster must have the **minimum number of players and Hamline ID#'s** for that sport, to be considered valid. Leagues are filled on a first-come, first-serve basis. Incomplete registration forms cannot be accepted

<u>NAME</u>	<u>EMAIL</u>	<u>HAMLIN ID #</u>	<u>SIGNATURE</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			