

**CLUB SPORTS ~ STATE UNIVERSITY OF NEW YORK AT NEW PALTZ
PARTICIPANT FORM**

Name of Club: _____ **Semester:** _____
President: _____ **Phone:** _____

Return to Office of Wellness & Recreation after 1st team practice.

Please list all members of your club with corresponding information (print clearly or type):

	Name	ID #	Year	Jersey	Phone	E-Mail	X
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* Any additions must be accompanied by a signed waiver
 ** Any participant under the age of 18 must have a legal guardian sign their waiver