



For Official Use Only!

Received By: _____

Date: _____

Paid: _____

INTRAMURAL TEAM ENTRY FORM

Please Print Legibly!

Sport: _____

Semester: _____

Date: _____

Team Name: _____

Captain: _____

Captain Phone: _____

Email Address: _____

Cell

League Status:

1. Check one: () Men () Women () Co-Rec

2. Res Life Status: () No () Yes What Hall? _____

Please Read: Captains' Meetings are **MANDATORY!** If there is no representative from your team, then your team will not be eligible for the playoffs. All captains are responsible for obtaining a game schedule from the Rec Office prior to the start of the season. **Captains are responsible for the eligibility of all team members, behavior of all team members, and spectators.** Teams must be available to play at all times

When entering a team in a structured league, you are required to submit a \$25.00 entry/forfeit fee. When entering a team in an elimination tournament, you are required to submit a \$15.00 entry/forfeit fee. Forfeit fee refunds, if any, may be obtained from the Intramural Office only on the days & times given to the captain by the Coordinator of Intramural unless other arrangements are made. Only that individual who presented the entry/forfeit fee will be eligible for the refund; bring the original receipt.

This Roster will not be accepted unless all requested information is complete and a check is submitted. This Roster is an official document and is required for participation. Signature of Captain (verifies reading above):

Signature/Date _____ / _____



Informed Consent Agreement

Thank you for choosing to participate in the Intramural Sports program provided by the Wellness & Recreation Department. We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following informed consent agreement.

1. I am a full time student and/or employee at SUNY New Paltz.
2. I am in good health and am physically able to participate in the activities at the Athletic & Wellness Center, Elting Gymnasium, club sports, and/or intramural sports.
3. I agree that I am participating in this activity voluntarily and at my own risk. SUNY New Paltz, its employees, agents, representatives (hereinafter the "University") shall not be liable for any Injuries to me, any damages to my property or any claim whatsoever arising out of the activity or in connection with the use of facilities and/or equipment of the University or under its control.
4. I agree that I will abide by all university rules and regulations regarding the activity in which I am participating in.
5. I agree that I will defend and hold harmless the University for any injury, damage, loss, or liability whatsoever caused by my negligence or the negligence of the University arising out of this activity or in connection with the use of facilities and/or equipment under its control.
6. I have sufficient medical/hospital, accident and general liability insurance coverage.
7. If applicable, I agree that I will return from the activity on the bus with the group. If I decide to separate from the group, I recognize that the University is not responsible for my return.

My signature below verifies that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Name (PRINT)	NP Email	M or F	Current Year	Signature	Last 6 Digits of ID
Ex. John Smith	smithj@	M	Junior	JohnSmith	123456
1.					
2.					
3.					
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15.					

Please CIRCLE two days that would be most convenient for your team to play. We would like to help fit your schedule! However, due to the large number of teams and limited facility space we may not be able to accommodate your request. Scheduling of Intramural contests is subject to the Intramural Office staff.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY