Office Use Only
Computer Entry Date: _____
Computer Entry Time: _____
Staff Initials: _____

Office Use Only
League Day/Time: _____
Division: _____ Amt. Paid: _____
Staff Initials: _____

INTRAMURAL TEAM ADDITION FORM

(PLEASE PRINT CLEARLY)

Team Name:

Activity:

League: Men Women Co-Rec

Division:

Day(s): Su Mo Tu We Th

Date: / /

Time(s): _____

RANK

Staff	6
Grad	5
Sr.	4
Jr.	3
So.	2
Fr.	1

	Player's Name	Identification #	Gender M/F	Phone	Rank	Office Use C	Office Use W
1				- -			
2				- -			
3				- -			
4				- -			
5				- -			
6				- -			

Waiver:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in the above-named intramural sports activities. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the University or the State of Wisconsin. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

	Print Name	Signature
1		
2		
3		
4		
5		
6		

1/28/2009

Bring to game site at playing time.