

INTRAMURAL TEAM ENTRY FORM

LLU/Drayson Center
(909) 558-4975

SPORT _____
 MEN'S WOMEN'S CO-REC
 LEVEL: DIV-1 DIV-2

Team Name _____
 Team Captain _____
 E-MAIL _____

(DIV-1: Highly Skilled or Above Average) (DIV-2: Average or Beginning Skill) Date form Received _____

*Game Start Times Preferred _____
 Nights, (if applicable) _____
 Phone # _____
 Paid Cash or Charge \$ _____

*DC will attempt to accommodate your preference if possible, Account #: _____

However, there is no guarantee! Base your weeknight participation Signature: _____
 on the game start times of approximately 6:30, 7:30, & 8:30 p.m. Forfeit Deposit Check # _____

MEDICAL LIABILITY INFORMATION: It is the responsibility of all league participants to ascertain whether their own health conditions make it advisable to participate in a particular sport. This league will not assume responsibility. All participants in the league are strongly advised to have medical insurance coverage. I hereby agree to release and hold harmless Loma Linda University, and it's affiliated organizations, from any and all liability, claims, and damages, including, but not limited to, claims related to or arising from personal injury that may arise as a result of any aspect of my participation in activities or sports held on the premises of Drayson Center at Loma Linda University.

CONDUCT: Any acts of aggressive physical/verbal violence will not be tolerated. Players guilty of such an action before during, or after an intramural contest may be suspended from further play. All leagues are recreational and Christian behavior is expected. No refund on player's fees will be given. Credit may be requested towards participation in another sport.

As team Manager or Captain, I agree to read and explain all rules and policies to all team players. I also agree to abide by such rules and control my team and spectators in a sportsmanlike manner at all times during all game we participate in. I am aware that players are not eligible unless their signature appears on this roster and/or a player addition sheet. Player signature represents acknowledgment and reading of the medical liability information statement above.

TEAM CAPTAIN'S SIGNATURE: _____

	TEAM MEMBER'S NAME (PLEASE PRINT)	TEAM MEMBERS SIGNATURE	E-MAIL ADDRESS PHONE #	STUDENT ID NUMBER	CIRCLE STATUS STUDENT, NON-STUDENT
1					STUDENT NON-STUDENT
2					STUDENT NON-STUDENT
3					STUDENT NON-STUDENT
4					STUDENT NON-STUDENT
5					STUDENT NON-STUDENT
6					STUDENT NON-STUDENT
7					STUDENT NON-STUDENT
8					STUDENT NON-STUDENT
9					STUDENT NON-STUDENT
10					STUDENT NON-STUDENT
11					STUDENT NON-STUDENT
12					STUDENT NON-STUDENT
13					STUDENT NON-STUDENT
14					STUDENT NON-STUDENT
15					STUDENT NON-STUDENT