

Sport: \_\_\_\_\_ Division (circle one):    Men    Women    Co Rec

Team Name: \_\_\_\_\_ Captain: \_\_\_\_\_

Captain's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Banner #: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred day to play (circle one – NO GUARANTEES):    Sun    Mon    Tues    Weds    Thurs

**Team captains are responsible for informing his/her team of all intramural rules, team behavior, and confirming the eligibility of all team members. The team captain or team representative must attend a mandatory captain's meeting. Failure to attend will result in one team forfeit.**

**Assumption of Risk, Waiver, and Release from Liability**

I understand that there are certain risks and that accidents and/or injuries may occur in the various activities of the William Paterson University Department of Recreational Services Intramural Program. I further understand that certain activities require proper training and proper physical conditioning. Knowing the risks and conditions required for the activity in which I voluntarily participate, I hereby agree to assume the responsibility of any and all risks, accidents, and injuries. I further understand that all medical costs resultant from injuries and/or accidents occurring during these activities will be my own responsibility.

In consideration for being allowed to participate in this activity, I the undersigned, hereby waive all claims for injury or accident or liability of any kind and do hereby release William Paterson University, its staff, all supervisors, officials, managers, and owners of the property on which the facility is located, from any claims, now or in the future for such injury or accident.

Name (Please Print)	Banner #	Phone #	*R/C/A/S	Signature	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

\*Resident/Commuter/Alumni/Staff

The maximum number of players per team is 15

This certifies that I know and understand the eligibility rules as stated in the guidelines to Intramural Participation. I have checked the eligibility of the players on my team. If there is any discrepancy I will assume full responsibility. I realize that failure to comply with these rules will result in disciplinary action as outlined in the Intramural Participation guideline.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL INTRAMURAL FEES ARE NON-REFUNDABLE**

**OFFICE USE ONLY**  
 Method of Paid (circle): CASH                      PIONEER EXPRESS                      CHECK                      Date: \_\_\_\_\_  
 Print staff member name: \_\_\_\_\_