

## Department of Recreational Services Intramural Form

Form Type: (circle one): Team Add On	ircle one): Team Add On Player Pool		Individual Sports	
Please print clearly:				
Player Name:	Date:			· · · · · · · · · · · · · · · · · · ·
Sport:	_ Divison (circle one	e): Men	Women	Co Rec
Team Add On Only:	Cantai	n's Name		
- Team Name	- Cupiai			
Player Information				
University Status (circle one): Faculty	Staff	Alumni	ni Student	
Please circle one: Resident	Commuter	Banner # (85	5#\	
	l	Daimer # (03	3# <i>)</i>	
Home Address City	Sta	ite		Zip
( )				
Home Phone/ Campus Phone Cell Phone				
Email Address				
Emergency Contact:				
Emergency Contact:Name	()Phone			
PLEASE READ AND SIGN BELOW Assumption of Risk, Waiver, and Release I understand that there are certain risks and that of the William Paterson University Department understand that certain activities require proper and conditions required for the activity in white responsibility of any and all risks, accidents, and from injuries and/or accidents occurring during the In consideration for being allowed to participate injury or accident or liability of any kind and of	t accidents and/or in t of Recreational So training and proper p ch I voluntarily part I injuries. I further un nese activities will be in this activity, I the do hereby release V	ervices Intra ohysical con icipate, I he iderstand th my own res undersigned /illiam Pate	amural Prograditioning. Knowereby agree that all medical sponsibility.  In hereby waiverson University	om. I further bying the risks o assume the costs resultant e all claims for ty, its staff, all
supervisors, officials, managers, and owners of now or in the future for such injury or accident.	the property on whic	h the facility	is located, fro	om any claims,
Signature ALL INTRAMURAL FEES ARE NON-REFUNDA	ABLE		Date	
Date:/ / Time:: OFFI  Amount paid by player: \$ Circle one:  This form has been checked and verified for all pe	Cash Pione	it staff meml	Check	