

Intramural Sports – Team Entry Form

Campus Recreation - Division of Student Affairs

Captains' Meetings are MANDATORY! In order for your team to be scheduled, you MUST send a team representative to the Captains' Meeting. Each team member on the roster must read and then sign the Agreement on the reverse side of this Entry Form to be eligible to play. This Roster will not be accepted unless all required information is completed in its entirety, is paid and date stamped. All checks must be made payable to Student Services, Inc. (SSI). All Financial Transactions are made at the SSI Service Window in lower level of Sykes. This Roster is an official document and is required for participation.

Intramural Sport: _____ **Team Name:** _____
 _____ (must be approved by director)
Semester: _____ **League** () **Tournament** ()

League	Men ()
Check mark required	Women ()
	Co-Rec ()

Division	Competitive – Purple ()
Check mark required	Recreational – Gold ()

Registration Fee	League \$35 ()
	Tournament \$20 ()

Captain's Name	
WCU ID	
Email Address	
Cell Phone	
Co-Captain's Name	
WCU ID	
Email Address	
Cell Phone	

ROSTER		
	Name	WCU ID
	Email	
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Informed Consent Agreement

I understand that part of the risk involved in undertaking any recreational activity is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity. I acknowledge that my choice to participate in the WCU Intramural Sports Program brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care and skill that I possess and use. I understand that student personnel working in the Intramural Sports Program may not be licensed, certified, or registered. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience. I understand that the dangers and risks from my participation in the Intramural Sports Program may include serious injury to virtually all internal organs and other aspects of the muscular/skeletal system, to other aspects of my body, and general health and well being, including death. I acknowledge that I am responsible for my injuries I may sustain, that I may cause to others, and damage I may cause to the facilities.

Insurance Statement Agreement

I understand that I am responsible for my own medical expenses due to an injury sustained while participating in the Intramural Sports Program. West Chester University, the Department of Campus Recreation, and Student Services, Inc. DOES NOT provide any medical insurance coverage, and will not be responsible for any injuries sustained or caused as the result of your Intramural Sports participation.

Grade Release Agreement

I hereby authorize my grades to be released to a University Administrator in the Department of Recreation and Leisure Programs.

I understand that I may ask any questions or request further explanation or information about the Intramural Sports Program at any time before, during, or after my participation.

My signature below verifies that I have read, understood, and agree to the contents of these Agreements in their entirety.

Player's Name (Print Legibly)	Player's Signature
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