

# **INTRAMURALS Team Roster Form**

TEAM NAME: \_\_\_\_\_ (Must be approved by Intramurals Programmer)

TEAM COLOR: FIRST CHOICE: \_\_\_\_\_ SECOND: \_\_\_\_\_ THIRD: \_\_\_\_\_

SPORT: \_\_\_\_\_

DIVISION: CO-ED: \_\_\_\_\_ MEN'S: \_\_\_\_\_ WOMEN'S: \_\_\_\_\_

LEVEL: COMPETITIVE: \_\_\_\_\_ RECREATION: \_\_\_\_\_

Bad Time for Play: MON: \_\_\_\_\_ TUE: \_\_\_\_\_ WED: \_\_\_\_\_ THU: \_\_\_\_\_

FRI: \_\_\_\_\_ SAT: \_\_\_\_\_ SUN: \_\_\_\_\_

**Intramurals are open to all EdCC students, faculty and staff.**

Number	First & Last Name	Phone	Email	Student ID #
Captain				
1				
2				
3				
4				
5				
6				
7				
8				
9				

PLEASE NOTE: We will be contacting Captains via text message.

**PLEASE COMPLETE AND SIGN ELIGIBILITY STATEMENT:** I, the undersigned, as captain of this team, understand that I am fully responsible for the well-being, safety, eligibility, and conduct of myself and my team members while participating in intramural sports activities. If there are any issues, I will assume full responsibility. I understand that any and all photos taken during intramural activities are the sole property of the Intramurals program at EdCC and may be used in flyers, pamphlets, catalogs, web sites, or for other promotional purposes.

TEAM CAPTAIN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL PARTICIPANTS ARE REQUIRED TO COMPLETE AND SIGN INFORMED ACKNOWLEDGEMENT OF AND CONSENT TO FIELD TRIP HAZARDS AND RISKS**