

Roster Addition Form

TEAM NAME (Print): _____

CAPTAIN'S NAME (Print): _____

SPORT: _____

LEVEL: COMPETITIVE: _____ RECREATION: _____

DIVISION: CO-ED: _____ MEN'S: _____ WOMEN'S _____

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

First & Last Name	Phone	Email	Student ID #

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 failure to comply with these rules will result in disciplinary action such as being suspended or removed from EdCC Intramurals. I also 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 other promotional materials.

TEAM CAPTAIN'S SIGNATURE: _____

DATE: _____

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