

TEAM ENTRY FORM FOR SEASONS

Sport: _____

Team Name: _____

(please circle one)

	<u>League</u>				<u>Division</u>		
Men's	Women's	Co-Rec	PFR	IFC	PHC	Collegiate	Pro

Please select the best set of nights for your team to play
Mon & Wed Tue & Thur

Could your team play on Friday nights? Yes No

Could your team play on Sunday afternoons? Yes No

Please list any time conflict in which your team CANNOT play

Sunday _____ Monday _____ Tuesday _____
Wednesday _____ Thursday _____ Friday _____

Team Captain: _____ Phone #: _____

Email: _____

Alt Captain: _____ Phone #: _____

Email: _____

Is your team competing for All Campus Points!	Yes	_____	No	_____	
If Yes, What is your All Campus Organization Name:	_____				
In which division will you be competing	Open	PFR(Men)	PHC	PFR(Women)	IFC

TEAM CAPTAINS SHOULD READ THE BELOW DISCLAIMER AND SIGN AT BOTTOM

WARNING: YOUR PARTICIPATION IN THIS SPORT COULD RESULT IN PHYSICAL INJURY WHICH COULD BE SERIOUS OR FATAL!!!

Tennessee Technological University assumes no responsibility for injuries received during Intramural Sport activities. Students, Faculty, and Staff are reminded that Intramural participation is completely voluntary. It is strongly recommended that all participants have a physical examination and secure adequate medical insurance prior to participation.

I certify that the participants listed on this form are TTU Students / Faculty / Staff and are eligible to participate. I also certify that each participant has read this form and that his / her signature is real.

Any forged signature is a violation of the Tennessee Technological University Student Code of Conduct!

I UNDERSTAND THAT I COULD BE LIABLE FOR NOT GIVING THE ABOVE INFORMATION TO EACH PARTICIPANT!!!

Team Captain Signature: _____ Date: _____

(office use only)

Received By: _____	Date: _____
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