RECREATIONAL SPORTS - UNIVERSITY OF OREGON - Team Entry/Roster

Sport_____ **Team Name**_____

Circle <u>one</u> in **each** of the categories below:

Living Group: Fraternity Sorority Co-op Residence Hall Independent

Division: Men Women Coed

Skill Level: I II III

INSURANCE AND ACCIDENT INFORMATION: The UNDERSIGNED voluntarily desires to participate and assume the risks inherent to intramural activities at UO, and certifies that he or she has been encouraged by Recreational Sports to procure insurance which would provide for general medical benefits and health and accident coverage for injury and loss incurred while participating. The UNDERSIGNED further states that he or she does not possess health problems or physical limitations that they or their doctor feels would restrict their active participation or the safety of others in intramural sports.

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As manager, I have reviewed the Intramural eligibility rules and have discussed them with my team members. I understand it is my responsibility to inform players that they must sign the roster by the deadline. I also understand it is my responsibility to be aware of any mandatory managers' meetings and be in attendance myself or send a representative. I certify the above individuals are currently affiliated with UO, are eligible for intramural participation, and have signed their names to this official team entry/roster.

Manager's Signature _____ Print Name_____

Manager's Student #_____ Manager's E-mail Address _____

Address_____ City_____ Zip_____ Phone_____ Date_____

(use reverse side for additional names)

Validation **Receipt #** **Amount**

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