

# INTRAMURAL SPORTS TEAM REGISTRATION FORM

Return to Intramural Coordinator or AFC Coordinator

Sport: \_\_\_\_\_

Date: \_\_\_\_\_

Team Name: \_\_\_\_\_

Captain's Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

## Instructions:

1. Team's must complete this registration form and return it to Intramural Coordinator or AFC Coordinator prior to Intramural start date.
2. In order for a team to reserve a spot in the league, the team registration form must be completed in its entirety.
3. One team representative must attend the captain's meeting for the desired sport. Failure to attend the meeting will result in a loss of participation.

## Agreement:

Intramural Sports seeks to develop interests, knowledge and skills to enable participation in sport activities while at Chatham University and throughout a lifetime. Prior to each league, a team representative **MUST** attend a Captain's Meeting at the designated time and location, which will be promoted throughout the sign up process.

As a team representative, you **ARE** responsible for the following information:

I, the undersigned, agree to and accept **ALL** of the above-mentioned responsibilities. I understand that I **MUST** take this information learned at the captain's meeting back to and share with **ALL** of my team members. I also understand that my team is responsible for following all Intramural Sports Rules, Policies and Procedures.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



TEAM NAME: \_\_\_\_\_

(names Offensive or discriminatory will not be accepted)

1. (Captain) \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
2. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
3. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
4. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
5. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
6. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
7. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
8. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
9. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
10. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
11. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
12. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
13. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
14. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
15. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
16. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
17. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
18. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
19. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_
20. \_\_\_\_\_ ID# \_\_\_\_\_ Ph#: \_\_\_\_\_ Email: \_\_\_\_\_

For Office Use Only

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ am/pm Received By: \_\_\_\_\_

Please remember that all team members must be a current Chatham Students, Faculty or Staff members. Each participant must fill out a waiver prior to play.