

INDIVIDUAL/DUAL ENTRY FORM

SPORT _____ MEN / WOMEN / CO-REC (circle one)
SINGLES / DOUBLES (circle one)
STUDENT / FACULTY / STAFF (circle one)

This certifies that I have read and understand the rules of player eligibility and the policies and procedures as outlined in the Intramural Sports Handbook. I certify that all information provided is accurate and participants are eligible for participation according to the policies and procedures. I assume full responsibility for the conduct of all participants listed. I understand that participation in recreational activities is strictly voluntary and involves inherent risks that must be assumed by the individual. Each participant should obtain adequate health and accident insurance prior to participation to cover possible injury.

Participant Name _____ Student ID # _____
Gender Male Female Birth Date _____
Address _____ Phone _____
E-mail Address _____

Participant Name _____ Student ID # _____
Gender Male Female Birth Date _____
Address _____ Phone _____
E-mail Address _____

List any specific dates and/or additional information that will be helpful when scheduling your team:

For Office Use Only: Accepted By _____ Date _____
League _____ Day _____ Time _____