

SGA INTRAMURAL SPORTS REGISTRATION FORM

(Check the ONE sport for which you are registering a team)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Softball (July-Sept 2007) | <input type="checkbox"/> Dodgeball (Sept-Nov 2007) | <input type="checkbox"/> Co-Ed Basketball (Jan-March 2008) | <input type="checkbox"/> Open Volleyball (March-April 2008) |
| <input type="checkbox"/> Soccer (Sept-Nov 2007) | <input type="checkbox"/> Men's A Basketball (Jan-March 2008) | <input type="checkbox"/> Indoor Soccer (Jan-March 2008) | <input type="checkbox"/> Co-Ed Volleyball (March-April 2008) |
| <input type="checkbox"/> Football (Sept-Nov 2007) | <input type="checkbox"/> Men's B Basketball (Jan-March 2008) | <input type="checkbox"/> Spring Frisbee (Feb-April 2008) | <input type="checkbox"/> Softball (July-Sept 2008) |
| <input type="checkbox"/> Fall Frisbee (Sept-Nov 2007) | *All sports are Co-Ed unless designated differently above. | | |

TEAM NAME: _____ **CAPTAIN:** _____ **Date:** _____

Home PHONE: _____ **pager:** _____ **Email:** _____

TEAM FEE TOTAL (including additional fees for non-student players): _____ (Remember to also include two \$25 forfeit checks.)

SPECIAL SCHEDULING REQUESTS (check for exams, vacations, time restraints):

I fully understand that my participation in intramural sports at The University of Texas Medical Branch at Galveston (hereinafter "UTMB") is purely voluntary. I also understand that some of the sports will take place on the UTMB campus and there are others that may take place off campus. I agree to act in a reasonable and prudent manner under all circumstances.

"I have carefully read this agreement as well as the 'Release and Indemnification Agreement for Activities at the University of Texas Medical Branch at Galveston'. I fully understand their contents. I am aware that this is a release of liability and contract between the parties hereto, and I have signed of my own free will."

NOTE: If you are not a UTMB Student or a UTMB Employee, you must indicate below the name and relationship of the employee or student that you are IMMEDIATELY related to and list their badge number or student PID.

Every player must also read and sign the All Sports Release and Indemnification Agreement as well as signing this roster!

PLAYER NAME (Print Legibly!)	PLAYER SIGNATURE	School or Dept. (if applicable)	P.I.D. or Badge No.	Name and relation of UTMB student or employee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional space on reverse side.

Bring COMPLETED PACKETS to the Office of Student Life, JSC 2.110. Call x21996 with any questions.