

ANDERSON UNIVERSITY INTRAMURAL SPORTS

TEAM NAME _____

SPORT (CIRCLE ONE): WATER POLO INDOOR SOCCER

PRO MEN'S BASKETBALL SCRUB MEN'S BASKETBALL WOMEN'S BASKETBALL

Place and "X" in the box when your team is unavailable and **CANNOT** play

	Monday	Tuesday	Wednesday	Thursday
8:00pm				
9:00pm				
10:00pm				

**Due: 1-19-10 @
4:00pm in CAB
office with \$20
entry fee.**

**Questions call:
X4214**

- All participants must be current AU students, faculty, or staff and must sign form and provide AU ID# to play; failure to provide this information may result in team disqualification and/or game forfeiture.
- The IM office will try to schedule your team according to your above stated times. It is not a guarantee.
- Sorry, the above unavailability times are **not carried over into tournament play.**
- Two members of the team, for coed sports, must be of minority gender.
- "In-Season" intercollegiate athletes are restricted from participating in their sports. "Off-Season" athletes are allowed to participate as individuals and groups up to two (2) per team. This applies to any individual listed on an intercollegiate team roster during the current academic year.
- If sports are refereed, the referee has final authority.
- **Team names crude or vulgar in nature will result in two automatic losses posted to your season record.**
 - For a complete listing of IM rules and regulations, please visit www.anderson.edu/studentlife/im/

INTRAMURAL LIABILITY RELEASE FORM

My signature below indicates acknowledgement that participation in the above activity is wholly voluntary on my part. I have been provided with information about this activity and accept full responsibility for my decision to participate. I understand Anderson University does not provide health insurance coverage for any injury that might occur during my participation. I hereby release Anderson University and any faculty, staff, or student that may be involved in planning or supervising this activity from all liability should I be injured as a result of my participation.

I agree to abide by the rules and regulations set forth by Anderson University Intramural & Recreation Sports Department and all activity sponsors and agree to obey the students and professional staff enforcing said rules. I have carefully read this agreement and fully understand its content. I am aware that this is an Assumption of Risk Agreement and I sign this agreement of my own free will.

I further realize that I will not be permitted to participate in Anderson University Intramural and Recreation sports if I fail to sign this agreement.

Last Name, First Name	Signature	Student ID #	Phone #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

*** denotes Team Captain**