

# ANDERSON UNIVERSITY INTRAMURAL SPORTS

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

SPORT (CIRCLE ONE):    PRO SOFTBALL                      SCRUB SOFTBALL

PRO ULTIMATE FRISBEE            SCRUB ULTIMATE FRISBEE            BADMINTON

Place and "X" in the box when your team is unavailable and **CANNOT** play  
(Only allowed to block out four times)

	Monday	Tuesday	Wednesday	Thursday
4:00pm				
5:00pm				
6:00pm				

**Due: 3-2-10 @**  
**4:00pm in CAB**  
**office with entry**  
**fee of \$20.**

**(\$10 for Badminton)**

**Questions call:**  
**X4214**

- All participants must be current AU students, faculty, or staff and must sign form to play; not signing may result in team disqualification 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.**
- Please note minority gender policies in box on right.
- 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.**

**Team Max/Min Player Policies:**  
**Ultimate Frisbee-** 7 minimum; 12 maximum; at least 2 minority gender  
**Softball -** 9 minimum; 15 maximum; at least 3 minority gender  
**Badminton -** 2 minimum; 3 maximum; no minority gender requirements

### 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.			
13.			
14.			
15.			

\* denotes Team Captain

\*\*\*\* PLEASE NOTE TEAM MAX/MIN PLAYER POLICIES ABOVE