

The College of Charleston Campus Recreation Services Intramural Team Sports Entry

Activity _____	Date ____/____/____
Team Name _____	Captain's Name _____
Phone _____	2nd Phone _____

League
choose one:

Men's

Women's

Level of Competition
choose one:

A league - above average skills

B league - average skills

If I cannot be scheduled at the level of competition that I selected, I choose to:

Not to compete. Do not schedule me.

To compete at the other level.

Play Preference

Rank your preferences
1 = best day, 2 = 2nd best, 3 = 3rd best, etc.
For days that are equivalent, mark each with the same rank.

_____ Sun

_____ Mon

_____ Tue

_____ Wed

_____ Thu

Comments - list time conflicts, other teams you play on, meeting times, etc.:

Team Roster

List players' names and phone numbers on reverse side.

Attention Participants:

This certifies that I understand and will abide by all the CRS policies and procedures regarding Intramural Sports. I will be personally held responsible for knowing the eligibility rules governing this activity. I am responsible for checking the posted schedule and having my team show up ready to play at the correct site, at the right time, on the correct date, thus avoiding a forfeit. If my team forfeits, I agree to pay Campus Recreation Services any and all incurred fees as outlined in the current CRS Forfeit Policy Statement. I agree that our participation is voluntary and that The College of Charleston cannot assume responsibility for injuries, or damage to personal property incurred during participation in this activity. In addition, I agree to share all of this information with all of my teammates prior to their participation.

 Captain's signature Date

Office use only

Clerk _____

Date _____

Ck _____

Ch _____

***** Return this entry to the CRS Office #206 Silcox Center *****