



Recreation and Wellness Services Intramural Sports Registration Form



TEAM NAME _____ SPORT _____

Manager's Name _____ Phone Number _____

Address _____ Email _____

Circle One Conference: Greek Independent Residence Hall

Circle One League: Men Women CoRec

Entry form must be fully completed and returned to the O.A.S.I.S. Office by the entry deadline. Leagues are filled on a first-come, first-serve basis. Incomplete entry forms cannot be accepted.

NAME (Please PRINT First, Middle Initial and Last Name)	Gender	Student/ Fac/Staff	Class Status	I.D. Number (NO Soc. Sec. #'s)	SIGNATURE**
EXAMPLE: JOHN A DOE	M	S /FS	Freshman	0123456	<i>John A Doe</i>
		S/FS			
		S/FS			
		S/FS			
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		S/FS			
		S/FS			
		S/FS			
		S/FS			

**By signing this, participants agree that participation in any and all activities within this facility and/or sponsored by The University of Akron is voluntary. All participants understand and agree that use of this facility and/or participation in an activity sponsored by the university is at their own risk and that the university is not responsible for any incidents, injuries or loss of property that may occur. Further, I grant full permission for/to the University (including but not limited to Recreation & Wellness Services) to use photographs, videos, and other types recordings of me in legitimate accounts and promotions of the facility and/or events.

PLEASE LIST ADDITIONAL PLAYERS ON BACK

<u>NAME</u> (Please PRINT First, Middle Initial and Last Name)	<u>Gender</u>	<u>Student/ Fac/Staff</u>	<u>Class Status</u>	<u>I.D. Number</u> (NO Soc. Sec. #'s)	<u>SIGNATURE</u>
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Return this form to the O.A.S.I.S. Office located near the South Entrance to the Student Recreation and Wellness Center. For more information go to www.zipsrec.edu or call 972-6956.