

## Department of Recreational Services Intramural Form

Form Type: (circle one): Team Add On	Player Poo	ol	Individual	Sports
Please print clearly:				
Player Name:	Date:			<del></del>
Sport:	Divison (circle one)	: Men	Women	Co Rec
Team Add On Only:	Cantain	's Name	<del></del>	
Player Information				
University Status (circle one): Faculty	Staff	Alumni	ni Student	
Please circle one: Resident	Commuter _	anner # (85	 5#)	
	_	ao.	<i>,</i>	
Home Address City	Stat	е		Zip
()(				
Home Phone/ Campus Phone Cell Phone				
Email Address				
Emergency Contact:	()			
Emergency Contact: Name		Phone		
Assumption of Risk, Waiver, and Release I understand that there are certain risks and that of the William Paterson University Department understand that certain activities require proper and conditions required for the activity in which responsibility of any and all risks, accidents, and from injuries and/or accidents occurring during the In consideration for being allowed to participate injury or accident or liability of any kind and of supervisors, officials, managers, and owners of now or in the future for such injury or accident.	t accidents and/or inju- t of Recreational Ser- training and proper photon I voluntarily partical injuries. I further unconese activities will be re- in this activity, I the unconese will be re-	rvices Intra nysical con- sipate, I he derstand tha my own res ndersigned Iliam Pater	amural Prograditioning. Knowereby agree for at all medical ponsibility.  The t	am. I further owing the risks to assume the costs resultant re all claims for ty, its staff, all
Signature ALL INTRAMURAL FEES ARE NON-REFUNDA	ABLE		Date	
OFFI Date:/ / Time:: Circle one: This form has been checked and verified for all pe	Cash Pionee	staff memb	Check	