



MINNESOTA STATE UNIVERSITY

Office of Campus Recreation (MF 118)



INTRAMURAL SPORTS TEAM REGISTRATION FORM

(Return to MF 118 only!)

Sport: _____ Date: _____

Team Name: _____

Organization Name (for ALL-U Points tracking): _____

Manager's Name: _____ Tech ID.# _____

Email: _____ Phone #: _____

Co-Manager's Name: _____ Tech ID.# _____

Email: _____ Phone #: _____

<p>LEAGUE: (please circle one)</p> <p>Men's</p> <p>Women's</p> <p>CoRec</p>

<p>DIVISION: (please circle one)</p> <p>A (Competitive)</p> <p>B (Recreational)</p>
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<p>Team Scheduling Conflicts: Please list the days or times that your <u>TEAM IS NOT ABLE TO PLAY</u> in <u>priority</u> order and we will attempt to schedule around these conflicts when possible.</p> <p>Day(s) that do not work: _____</p> <p>Time(s) that do not work: _____</p>

ELIGIBILITY

This certifies that I know and understand the Intramural Sports eligibility rules and have completely checked the eligibility of all players on my team. If there is any discrepancy, I will assume full responsibility. I understand that failure to comply with these rules may mean forfeiture of all games in which ineligible players participated and/or removal from the league. I also understand that each team member must sign the assumption of risk form on the back of each games scorecard before they are eligible to participate.

<p>MANAGER'S SIGNATURE: _____</p>
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Team Roster form is located on back

TEAM NAME: _____

PLEASE PRINT ALL NAMES AND MSU TECH ID NUMBERS OF PLAYERS WHO WILL BE PLAYING ON THIS TEAM.

LAST,	FIRST	MSU TECH ID NUMBER
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		