

INTERHOUSE Team/Player Registration

Sport _____

Division : _____

Team Name _____

Capt's Name _____

E-mail address : _____

Participants Release : Please read the Informed Consent Agreement on the back of this form. Your signature below indicates that you have read and understood the agreement in its entirety and hereby agree to participate in the Intramural programme named above.

Team List

	Name	M/F	Signature	Student #	Phone #
1	Captn :				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Note : Please check eligibility and number of players required for the sport for which you are registering

For Service Counter Use ONLY :

Taken by _____ (CSR initials)

Amount Paid _____ CR Receipt # _____ Date _____