

Department of Recreational Services  
Intramural Form

Form Type (circle one): Team Add On	Player Pool	Individual/Doubles Sports
-------------------------------------	-------------	---------------------------

**Please print clearly:**

Player Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sport: \_\_\_\_\_ Divison (circle one): Men      Women      Co Rec

Individual/Doubles Sports Only (circle one):      Singles      Doubles

Partner's name: \_\_\_\_\_ (partner must register on separate form)

Team Add On Only: \_\_\_\_\_  
Team Name Captain's Name

**Player Information**

University Status (circle one): Faculty      Staff      Alumni      Student

Please circle one:      Resident      Commuter      \_\_\_\_\_  
Banner #

Home Address      City      State      Zip

(\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_  
Home Phone      Campus Phone      Cell Phone

Email Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone

**PLEASE READ AND SIGN BELOW**

**Assumption of Risk, Waiver, and Release from Liability**

I understand that there are certain risks and that accidents and/or injuries may occur in the various activities of the William Paterson University Department of Recreational Services Intramural Program. I further understand that certain activities require proper training and proper physical conditioning. Knowing the risks and conditions required for the activity in which I voluntarily participate, I hereby agree to assume the responsibility of any and all risks, accidents, and injuries. I further understand that all medical costs resultant from injuries and/or accidents occurring during these activities will be my own responsibility.

In consideration for being allowed to participate in this activity, I the undersigned, hereby waive all claims for injury or accident or liability of any kind and do hereby release William Paterson University, its staff, all supervisors, officials, managers, and owners of the property on which the facility is located, from any claims, now or in the future for such injury or accident.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
Date: ____ / ____ / ____	Time: ____ : ____	Received by: _____ <span style="margin-left: 100px;">Print staff member name</span>
Amount paid by player: \$ _____	Circle one:      Cash      Pioneer Express      Check	
This form has been checked and verified for all pertinent information. Please check if verified _____		