

UNIVERSITY OF WASHINGTON
DEPARTMENT OF RECREATIONAL
SPORTS PROGRAMS

Receipt#	_____
Day	_____
Time	_____
Division	_____
Date	_____
Rec. By	_____

Intramural Sports Team Roster

(Men's and women's team use only)

(check one)

Team Name _____

Men's

Women's

Affiliation _____

Activity

(check one)

Basketball

Football

Soccer

Softball

Volleyball

Ultimate

Innertube Basketball

Crew

Division

(check one)

Olympic

Rainier

Cascade

Choice of Playing Day & Time: (Choose three (3))

1. Day _____

Time _____

2. Day _____

Time _____

3. Day _____

Time _____

Competitive Divisions: (each division may not be offered for each sport)

Rainier Division:

This is a recreational division and applies to all sports. It offers a less competitive environment for teams that desire to participate in a more relaxed atmosphere. Competition is open to undergraduates only, unless an Olympic division is not offered.

Cascade Division:

This division is offered for teams seeking a high level of competition and is offered for all sports. Faculty/Staff and graduate students may participate in this division.

Olympic Division: (for graduate students and Faculty /Staff members)

This applies to Flag Football, Basketball, Soccer, Softball, and Volleyball. It is a recreational division and is open to graduate students and faculty/staff members only. Undergraduates may be permitted to participate in this division with permission from the Associate Director for

This section must be completed in full before the roster will be accepted.

Team Name _____

	Player's Name	ID Number	Phone No. (at least 3)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____

Captain's Name _____ Phone () _____
(Please Print)

Address _____ E-mail _____

Participants should be aware that there is a risk of injury in participation of intramural sports due to the inherent nature of the activities. The Department of Recreational Sports Programs strongly recommends that all participants have a physical examination and secure adequate medical insurance prior to participation in Recreational Sports programs. It should be understood that individuals participate in Recreational Sports activities at their own risk.

Changes of the roster must be made prior to the second game of the regular season. Questions about eligibility should be referred to the "Intramural Sports Handbook" or the Intramural Staff, at 543-8558. Be sure to read the information bulletin and Intramural rules governing this sport.

By signing below, I understand the Intramural eligibility rules and have completely checked the eligibility of all the players on my team. If there is any discrepancy I will assume full responsibility. Failure to comply with these rules will result in team/individual sanctions as outlined in the "Intramural Sports Handbook."

Captain's Signature _____