

UNIVERSITY OF WASHINGTON
DEPARTMENT OF RECREATIONAL
SPORTS PROGRAMS

Receipt#	_____
F/S Fee	x \$10=
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 Programmed Activities. Faculty/Staff must either purchase an IMA Membership or pay the intramural participation fee (outdoor sports only)

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

Team Name _____

Player's Name	ID Number	F/S Fee	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 to the roster and ALL F/S IM participation fees 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 _____