

UNIVERSITY OF WASHINGTON  
DEPARTMENT OF RECREATIONAL  
SPORTS PROGRAMS

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

## Co-Rec Intramural Sports Team Roster

Team Name \_\_\_\_\_

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)
Men	1 _____	_____	_____
	2 _____	_____	_____
	3 _____	_____	_____
	4 _____	_____	_____
	5 _____	_____	_____
	6 _____	_____	_____
	7 _____	_____	_____
	8 _____	_____	_____
	9 _____	_____	_____
	10 _____	_____	_____

Women	1 _____	_____	_____
	2 _____	_____	_____
	3 _____	_____	_____
	4 _____	_____	_____
	5 _____	_____	_____
	6 _____	_____	_____
	7 _____	_____	_____
	8 _____	_____	_____
	9 _____	_____	_____
	10 _____	_____	_____

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 \_\_\_\_\_