

- Sam Houston State University -
**INTRAMURAL SPORTS
 TEAM ENTRY FORM**

TEAM NAME: _____ **SPORT:** _____

TEAM CAPTAIN: _____ **Phone #:** _____

Sam Houston Student ID #: _____ **Email:** _____

ALTERNATE CAPTAIN: _____ **Phone #:** _____

Sam Houston Student ID #: _____ **Email:** _____

As captain, I certify that I have read and understand the rules of player eligibility and the policies and procedures as outlined in the Intramural Sports Handbook. I also certify that all information provided is accurate and that all team members listed on the team roster are eligible for participation according to the rules of eligibility. I assume full responsibility for the accuracy of the information provided and for the eligibility and conduct of all listed team members. I have informed all team members that there are inherent risks involved in participating in Intramural Sports activities and that each participant should have health insurance to cover possible injury.

Captain's Signature: _____ Date: _____

Please indicate the league your team represents:

_____ Men's Orange _____ Women's Orange _____ Co-Rec Orange
 _____ Men's White _____ Women's White _____ Co-Rec White
 _____ Men's Greek
 _____ Men's 6' & Under (basketball only)

Player's Name (first and last)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

Please shade the days and times your team CANNOT play:

	<u>SUNDAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>
5:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any specific dates and/or additional information that will be helpful when scheduling your team (i.e. men's and co-rec team, other IM sport teams)

FOR OFFICE USE ONLY:

Accepted By: _____

Day: _____ **Date:** _____ **Time:** _____