# Intramural Sports Team Registration & Roster

**Team Name:**

**Sport:**

**League (circle):**

**League if available (circle):**

**Preference Day(s):**

**Preference Time(s):**

**Men** | **Women** | **Coed**
---|---|---
**Comp.** | **Rec.**

**Willing to receive text messages for cancellations and schedule updates?**

- Yes: __________
- No: __________

**Office Use Only:** $10.00 Team Registration Fee for all team sports excluding 4-Team Bowling in which there is a $20.00 Team Registration Fee.

- **Cash**
- **Check:** # _______________________________________
- **Fee Accepted By:** __________________________________________
- **Date:** ___________________

**Acknowledgement of Risk:**

In registering as a participant, I am voluntarily agreeing to participate in activities sponsored by Campus Recreational Services and the Student Association, specifically Intramural Sports. Certain activities require minimum levels of fitness, ability, and health (physical, mental, and emotional) and each person has a different capacity for participation in these activities. Participants are responsible for consulting a physician before starting any exercise program or physical activity.

I understand that fitness and physical activities involve significant and inherent risks such as serious injury and even death. I understand that these types of injuries may result from one's own actions or the actions of others, or a combination of both. I understand and appreciate that there are a number of inherent risks involved that are beyond the control of the sponsoring agency and its staff. I understand that there is an inherent risk involved in transportation to and from an activity site such as: injury or death related to vehicular accidents, slip, falls, unforeseen delays and schedule changes.

I fully understand and accept all risks associated with participation in this activity.

**Informed Consent:**

In registering as a participant, I agree to abide by all of the posted & distributed rules, regulations, guidelines, and verbal instructions as presented by the CRS staff, instructors, or volunteers associated with the department. Any staff, instructor, or volunteer may exclude from participation any participant who, in their judgement, has seriously impaired the ability of others to achieve the intended purpose or objectives of the class or activity.

I agree that Binghamton University, its employees, and its agents shall not be liable for injury to users' person or loss of damage to users' personal property arising from or in any way resulting from the users' participation in these activities, unless such an injury is caused by the negligence of the University, its employees, or its agents while acting within the scope of their duties.

I understand that in the event of a serious medical emergency, I give permission to Binghamton University CRS representatives to seek emergency medical treatment for me even in the case that I am unconscious or otherwise cannot consent. I agree to accept financial responsibility for all medical treatment, rescue, and related transportation.

In registering as a participant of and in consideration of being permitted by Binghamton University to participate in activities offered by CRS, I agree that my name and/or picture MAY be used to promote the Binghamton University CRS programs, events, and activities. I also am advised that the activity is conducted in a public place and I may be photographed. I release CRS from all forms of claims relating to the use of my name and picture.

Submit team roster information on reverse side.
**INTRAMURAL SPORTS TEAM ROSTER**

I have carefully read and considered the information on the reverse side and fully understand its contents. I am aware that I am releasing certain rights that I may have otherwise, and enter into this contract on behalf of myself and my family in consideration of being permitted to participate in Binghamton University Campus Recreational Services.

I attest all information submitted by me is true and accurate to the best of my knowledge. I fully understand submitting misrepresented information, failing to disclose significant information, emitting facts, and/or falsifying documents may result in serious personal injury, death, university judicial and/or legal action against me.

<table>
<thead>
<tr>
<th>M / F</th>
<th>NAME (Print)</th>
<th>B- NUMBER</th>
<th>SIGNATURE OF ACKNOWLEDGEMENT</th>
<th>CURRENT YEAR</th>
<th>LIVING AREA</th>
<th>BU EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Mike Smith</td>
<td>B00012345</td>
<td>Mike Smith</td>
<td>So.</td>
<td>Hillside</td>
<td>msmith4@</td>
</tr>
</tbody>
</table>