

UWSP Intramurals Team Roster Form

For Office Use Only

Time/Day _____ Cash Check \$ _____ Staff Initials _____

Participation in the Intramural Program is voluntary. I acknowledge that there are inherent risks in participating in the activity. The University of Wisconsin-Stevens Point is not responsible for injuries incurred while participating in activities, using equipment and facilities, or any activities incidental thereto. Each student should carry his/her own health insurance. Intercollegiate players are not eligible to participate in the respective intramural activity.

I do hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin Systems, and the University of Wisconsin-Stevens Point, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred or required arising out of the actions of the undersigned in the course of participation in the program sponsored by the Intramural Sports Program.

THIS ROSTER MAY NOT BE CHANGED AFTER THE FIRST WEEK OF PLAY

Activity: _____ Men's Women's Co-Ed Team Name _____
(offensive or discriminatory names will not be accepted)

Indicate Top 3 Times & Dates: _____

Team players must sign this document and provide phone numbers: INCLUDE FIRST AND LAST NAME

Office Use Only	Name of Participant (Please Print)	Student ID Number	Club/Varsity Player	Gender	Phone Number	Signature	On/Off Campus Living	Shirt Size
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The team captain will be responsible for paying forfeit charge if the team forfeits at all during the block. Any questions, call the Intramural Office at 346-4441. Please make checks payable to: UWSP Intramurals.

Captian's Signature: _____ Date: ___ / ___ / ___