

INTRAMURALS Team Roster Form

TEAM NAME: _____ (Must be approved by Intramurals Programmer)

TEAM LOGO: (Please attach and turn in with team roster form)

TEAM COLOR: FIRST CHOICE: _____ SECOND: _____ THIRD: _____

SPORTING EVENT: 3-on-3 BASKETBALL

DIVISION: CO-ED: _____ MEN'S: _____ WOMEN'S: _____

LEVEL: COMPETITIVE: _____ RECREATION: _____

Games will be on Tuesday and Thursdays from 1-3 with the possibility of late night and/or weekends games if gym is available.

Intramurals are open to all EdCC students, faculty and staff.

Number	First & Last Name	Phone	Email	EdPass ID
Captain				
1				
2				
3				
4				
5				
6				

PLEASE NOTE: We will be contacting Captains via text messages.

PLEASE COMPLETE AND SIGN ELIGIBILITY STATEMENT: I, the undersigned, as captain of this team, understand that I am fully responsible for the well-being, safety, eligibility, and conduct of myself and the team members while participating in intramural sports activities. If there is any discrepancy, I will assume full responsibility. I understand that any and all photos taken during intramural activities are the sole property of the Intramurals program at EdCC and may be used in flyers, pamphlets, catalogs, web sites, or other promotional outlets.

PLEASE HAVE ALL PARTICIPANTS COMPLETE AND SIGN INFORMED

ACKNOWLEDGEMENT OF AND CONSENT TO FIELD TRIP HAZARDS AND RISKS & ATTACH TO THIS FORM

TEAM CAPTAIN'S SIGNATURE: _____ DATE: _____