

Current Triton Athlete Form

NAME (Print): _____

EDPASS ID (Print): _____

E-MAIL (Print): _____

PHONE NUMBER (Print): _____

SPORT: _____

Application:

I, as an **off-season** athlete at Edmonds Community College, have read, understood, and agree to all the rules and regulations in the Edmonds Community College Intramurals program handbook. While I agree to be bound by the handbook and understand my commitments to my coach and EdCC varsity athletic team – I desire to voluntarily engage in this activity.

Player's signature: _____ Date _____

Approval: This player on my team has permission to participate in the EdCC Intramurals program. The above information is complete and correct.

Coach's signature: _____ Date _____