

FREE AGENT FORM

NAME (Print): _____

EDPASS ID (Print): _____

E-MAIL (Print): _____

PHONE NUMBER (Print): _____

SPORTING EVENT: 3-on-3 BASKETBALL

LEVEL: COMPETITIVE: ____ RECREATION: ____

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

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

Certification (Please initial):

____ I recognize that registering as a free agent does not guarantee me a place on a team.

____ I agree to have my contact information distributed to the managers of teams, so they can contact me if they need extra players on their roster.

Intramural sports are open to all EdCC students, faculty and staff.

PLEASE COMPLETE AND SIGN INFORMED ACKNOWLEDGEMENT OF AND CONSENT TO FIELD TRIP HAZARDS AND RISKS & ATTACH TO THIS FORM

FREE AGENT SIGNATURE: _____ DATE: _____