

INTRAMURAL SIGN-UP SHEETS

Please fill in ALL information

TEAM NAME: _____
Name must not be offensive to any person, nationality, race, creed, religion, sex, etc.

TEAM CAPTAIN: _____ STUDENT ID # _____

CONTACT INFORMATION FOR TEAM: _____

Participants Name and Phone Number	Phone	Email	
	CWID	M	F
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

By signing this form, I agree to abide by all rules, regulations, and Policies of Oklahoma State University Institute of Technology and the Intramural Sports program. Failure to comply may result in my being released from the team and prohibited to participate in the Intramural Sports program.

ALL PARTICIPANTS WILL BE REQUIRED TO COMPLETE AN ASSUMPTION OF RISK FORM. FORMS WILL BE DISTRIBUTED BY TEAM CAPTAINS.

PAPERWORK IS DUE BY 3:00 pm the day Before Event
Return to Sports & Wellness Coordinator at Covelle Hall