



# Kansas State at Salina

## Intramurals and Recreational Sports

# Entry Form



Recreation Center

Office: 785-823-6594

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Team Name: \_\_\_\_\_

The Intramurals Sports Program reserves the right to change team names if deemed inappropriate.

Team Captain: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address OR Campus Box #: \_\_\_\_\_  
 \_\_\_\_\_

Circle one:

TYPE:	Team	Dual	Individual
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Circle one:

DIVISION:	Men's	Women's	Co-Rec
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## TEAM/INDIVIDUAL AVAILABILITY

\*\*\* Cross out the times you are **UNABLE** to play. \*\*\*  
 \*\*\* Every effort will be made to accommodate these requests. Times will depend on facility usage and availability. \*\*\*  
 \*\*\*This does NOT GUARANTEE that you will get these days. \*\*\*

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
3—4 pm							
4—5 pm							
5—6 pm							
6—7 pm							
7—8 pm							
8—9 pm							
9—10 pm							
10—11 pm							
11—12 am							

**PLEASE BE SURE TO COMPLETE THE BACK OF THIS FORM**

# WAIVER AND ASSUMPTION OF RISK

All participants engage in Kansas State University at Salina Intramural Sports at their own risk. All intramural activities are potentially dangerous and may cause small scratches and bruises or injuries up to and including death. All participants are encouraged to have a physical examination and obtain adequate health and accident insurance prior to participating in intramural activities. You are NOT covered through the university. Kansas State University at Salina and Kansas Wesleyan University are not responsible for any costs or expenses, claims, damages, and injuries incurred during, before, or after intramural participation or practice. I declare that I am physically fit and have the skill level required to participate in this particular event. I also certify that I am a student at Kansas State at Salina University or Kansas Wesleyan.

	PLAYER'S NAME (PLEASE PRINT FIRST & LAST NAME.)	PLAYER'S SIGNATURE (I HAVE READ THE ABOVE WAIVER AND SIGNED IT VOLUNTARILY.)	PHONE NUMBER	STUDENT ID#
1				
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