BIRMINGHAM-SOUTHERN COLLEGE
DEPARTMENT OF PHYSICAL FITNESS & RECREATION

INTRAMURAL SPORTS TEAM ENTRY FORM

Team Name: _____ Sport/Division: _____

Team Captain: _____ Semester/Year: _____

Telephone Number: _____ Box Number: _____

Dates and Times that your team CANNOT play: _____

_____

WAIVER

We, the undersigned, do wish to participate in the Intramural Sports program of Birmingham-Southern College. We fully understand that our participation is purely voluntary and in no way required by the College. We, therefore, acknowledge that there is a chance of suffering a personal injury during participation in the various Intramural Sports events and we assume all risks of participation. In view of this, we release Birmingham-Southern College from all Liability and Covenant due to our participation in these activities. We have read, and understand, this Waiver and have entered our names below to acknowledge its acceptance and to also enter the specific event/sports.

ROSTER

Name	Box #	Phone #	Name	Box #	Phone#