Wallyball

INTRAMURAL TEAM REGISTRATION FORM
RETURN TO CAMPUS RECREATION OFFICE (PE 043)

Team Name: ________________________________

Please Print Legibly

Captain’s Name ________________________________ Phone # __________________
E-Mail ________________________________________

Alt. Captain’s Name ________________________________ Phone # __________________
E-Mail ________________________________________

Instructions:
Team’s must complete this registration form and return it to the Campus Recreation Office (PE 043) before registration deadline.

1. In order for a team to reserve a spot in the league, the team registration fee must be paid when submitting the registration form.
2. Teams will sign up for their desired night of play at the Campus Recreation Office when submitting the team registration form. Nights of play will be filled on a first-come, first-serve basis.

Agreement:
Prior to the league play, a team representative MUST attend a Captain’s Meeting at the designated time and location, which will be promoted throughout the sign up process. As a team representative, you ARE responsible for the following:

- Sports Rules
- Intramural Sports Procedure
- Sportsmanship
- Eligibility Policy
- Maintaining your team roster
- Asking questions if information is unclear
- Sharing all of the information reviewed and received from the informational video with all my team members
- All members of your team must have a valid IUPUI ID card and have paid the Fall Recreation Fee before participation.

I, the undersigned, agree and accept ALL of the above-mentioned responsibilities. This certifies that I have completely checked all the players on my team to be certain that they have paid the recreation fee. I understand if there are any discrepancies, I assume full responsibility. If there are any questions about rules of eligibility, I will be held responsible for contacting the Intramural and Recreational Sports Office.

______________________________
Captain / Manager’s Signature
Intramural Wallyball Entry Form

Team Name: ____________________________________________

Please Print Legibly

*NOTE: ID# IS LOCATED AT BOTTOM OF JAGTAG

Player’s Name

1

2

3

4

5

6

7

*ID # (2020000xxxxxx)

*NOTE: ID# IS LOCATED AT BOTTOM OF JAGTAG

ROSTER

Wavier Signed

☐ Yes ☐ No

Rec Fee Paid

☐ Yes ☐ No

OFFICE USE ONLY

OFFICE USE

Office Use Only: Date Rec’d ___ /___/___ Receipt #___________________ Amount: $__________ Paid: Cash or Check Rec’d by: ________