



INTRAMURAL SPORTS TEAM ENTRY FORM

TEAM NAME: _____ SPORT: _____

DIVISION: MEN'S OPEN WOMEN'S OPEN CO-REC FRATERNITY SORORITY

TEAM CAPTAIN NAME: _____ TEAM CAPTAIN PID: _____

TEAM CAPTAIN E-MAIL: _____ TEAM CAPTAIN PHONE: _____

TEAM CAPTAIN CONTRACT

As Team Captain, I assume full responsibility for my team in regard to attending the Captains' Meeting (or appointing a team representative to attend); the proper eligibility of my team members; the validity of waiver signatures; the conduct of my players, coaches, and spectators before, during, and after all games; and having any ejected player contact the Intramural Sports Coordinator to arrange a meeting to discuss reinstatement. I understand that it is my responsibility to inform my players of the rules of the sport and the policies stated in the current Intramural Sports Policies & Procedures Handbook, which can be found on the website(<http://www.recreation.fiu.edu/IMSports.htm>).

TEAM CAPTAIN SIGNATURE: _____ DATE: _____

OFFICE USE ONLY: DAY: _____ TIME: _____