



Intramural Sports – Team Registration Form

Complete and return to: Lisa Bolinder, lbolinde@oakton.edu or Agata Wojciechowska, awojciec@oakton.edu, Room 1341, 847-635-1729

Team Name: _____ **Intramural Sport:** _____

Captain: _____ **E-mail:** _____ **Phone:** _____

Team Captain MUST be a team member and listed on Intramural Sports Roster below

There are inherent risks and hazards when participating in intramural activities and open gym event at Oakton Community College. The injuries incurred could be severe, including risk of fracture, brain injury or other catastrophic injury, even death.

I have read the above statement and understand that there are risks and hazards inherent when participating in intramural activities and open gym at Oakton Community College. I agree to indemnify and hold harmless the College and its employees and waive my right to make claim if an injury should occur.

I give my consent for my photos to be used for any lawful purpose and in any media produced or maintained by the College including the Oakton Community College Intramural webpage.

Name <i>(Please, print your full first and last name)</i>	Student ID #	E-mail Address	Phone Number	Signature
1.	B			
2.	B			
3.	B			
4.	B			
5.	B			
6.	B			
7.	B			
8.	B			
9.	B			
10.	B			

I understand that I'm responsible for insuring the eligibility of my team and of its members. I agree to attend all scheduled Captains' Meetings and relay sport schedules, rules and any other pertinent information to my team.

Captain's Signature: _____ **Date:** _____