



Team Registration Form

Section #

Co-Rec: C _____

Men's: M _____

Women's: W _____

Other (Greek, etc): _____

Program _____

Game Night & Time _____ Team Name _____

TEAM MANAGER AGREEMENT

I agree that I will abide by, and communicate to the members of my team; all rules, regulations and policies set forth in writing and/or verbally expressed by the Intramural Sports Coordinator, the Intramural Sports staff, and Department of Recreational Services. The rules and regulations are not limited to league and tournament rules but the Kent State University Intramural Sports Handbook of Policies & Procedures, the Department of Recreational Services Policies & Procedures and the Kent State University Policy Register as well. I also agree that as the team manager I am solely responsible for payment of all league fees and any additional fees that may be incurred which are due and payable to Kent State University. Failure to pay the fees in the designated time frame to the Department of Recreational Services may result in my team being removed from the league and possible future suspension for me and my teammates from all future leagues as well as my student account (Bursar's Account) being billed for the fees due which may place a "Hold" on my student record. I also agree that failure to abide by said rules may result in my team being suspended and/or permanently banned from all leagues and events offered by Kent State University Department of Recreational Services depending upon the nature of the violation.

I also agree that I have read the Kent State University Intramural Sports Handbook, and the rules for the specific event for which I am registering (listed below). I also agree that it is my responsibility to verify that the members of my team are also familiar with all policies and rules regarding participation in said event (listed below); and that the members of my team are eligible to participate in Kent State University Intramural Sports Program. Failure to abide by all program policies and procedures may result in my (as well as my team members) probation/suspension from the intramural sports program.

Manager Name _____

Local Address _____

Local Phone _____

E-mail _____

Signature _____

Date _____

----- Office Use Only -----

Date Received _____ Fee Paid _____ Method of Payment _____ Receipt No. _____

Received By _____ Indicate if this is a Waitlisted Team: _____

Check that game night & time written above matches the time printed on receipt _____