Team Information

**TEAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEAM COLOR (list top 3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPORT: FLAG FOOTBALL BASKETBALL SOFTBALL OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEAGUE: MEN'S WOMEN'S Co-Ed (if applicable)**

**SCHOOL: MEDICAL DENTAL PT NURSING OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BYE WEEK REQUEST(list 1 or 2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Team Captain Information

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participation Agreement

I understand and agree that there is a risk of serious injury to me while utilizing LSUHSC facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, I knowingly and voluntarily assume any and all risk of injuries, regardless of severity, which from time to time may occur as a result of my participation in athletic activities through LSUHSC Intramurals. I hereby certify that my team has adequate health insurance to cover any injury or damages that we may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages. I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of LSUHSC Intramurals. I understand and agree that I alone am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at Louisiana State University Health Sciences Center, and that I am not relying on any advice from LSUHSC in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician. Further, I hereby RELEASE AND HOLD HARMLESS LSUHSC and its respective members, officers, employees, student workers, student interns, volunteers, agents, representatives, institutions, and/or departments from any and all liability, claims, damages, costs, expenses, personal injuries, illnesses, death or loss of personal property resulting, in whole or in part, from my participation in, or use of, any facility, equipment, and/or programs of Louisiana State University Health Sciences Center – New Orleans.

As the team captain, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to pay league fees, pay any forfeit fee assessed to my team by the league, and acknowledge that all players on my team are active students of LSUHSC.

Signature (typed signatures represent hand-written signatures):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICIAL ROSTER (20 players Maximum)

**Team Name:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NAME | SCHOOL (incl. year) | SHIRT SIZE | EMAIL |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |
| 11. |  |  |  |  |
| 12. |  |  |  |  |
| 13. |  |  |  |  |
| 14. |  |  |  |  |
| 15. |  |  |  |  |
| 16. |  |  |  |  |
| 17. |  |  |  |  |
| 18. |  |  |  |  |
| 19. |  |  |  |  |
| 20. |  |  |  |  |

\*\* All players on roster must present valid LSUHSC ID/Driver’s License per request during any LSUHSC intramural scheduled event \*\*

As Team Captain, I have verified that all players on my team roster are active students of LSUHSC and accept responsibility for forfeit of games/season associated with ineligible players.

Signature (typed signature reperesents hand-written signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_