

CO-ED LACROSSE TOURNAMENT

TEAM NAME:

	AM CAPTAIN: AM CAPTAINS WILL BE RESPONSIBLE FOR THE TEAM	CELL PHONE $\#$ M and will speak on behalf of the team, if necessary)
FC	IRMAT:	
	 6 Vs. 6 MINIMUM 4 PEOPLE FOR GAME TO ALL TIMES 	O COUNT. MUST HAVE $f 2$ GIRLS ON THE FIELD/COURT AT
		RCH 22^{ND} , 2013 . It will be a 2 day Tournament on a time to be announced.
TE	AM ROSTER:	
1.	NAME (CIRCLE ONE) T-SHIRT SIZE	STUDENT / ALUMNI / STAFF OR FACULTY
2.	NAME (CIRCLE ONE) T-SHIRT SIZE	STUDENT / ALUMNI / STAFF OR FACULTY
з.	NAME	STUDENT / ALUMNI / STAFF OR FACULTY
	NAME (CIRCLE ONE) T-SHIRT SIZE	STUDENT / ALUMNI / STAFF OR FACULTY
5.	NAME	STUDENT / ALUMNI / STAFF OR FACULTY
6.	NAME	STUDENT / ALUMNI / STAFF OR FACULTY
	NAME(CIRCLE ONE) T-SHIRT SIZE	STUDENT / ALUMNI / STAFF OR FACULTY
8.	NAME(CIRCLE ONE) T-SHIRT SIZE	STUDENT / ALUMNI / STAFF OR FACULTY
	NAME (CIRCLE ONE)	STUDENT / ALUMNI / STAFF OR FACULTY

T-SHIRT SIZE			
1 O. NAME	STUDENT / ALUMNI / STAFF OR FACULTY		
(CIRCLE ONE)			
T-SHIRT SIZE			
CORBAN UNIVERSITY - INTRAMURAL CODE OF CONDUCT AND LIABILITY RELEASE			
BY SIGNING THIS CONTRACT, I AM MAKING A PROMISE			
WILL CONDUCT MYSELF IN A GODLY MANNER AND REMEMBER THAT I AM REPRESENTING CORBAN			
University, and more importantly God, while paid not use any offensive language or body language.			
SPORTS. I WILL TREAT ALL (PARTICIPANTS AND OFFICIA			
THAT ARE INVOLVED IN THE GAME. I REALIZE THAT IF I CANNOT FOLLOW THESE RULES, THERE WILL BE			
CONSEQUENCES, POSSIBLE TO THE EXTENT THAT I MAY NOT BE ABLE TO PARTICIPATE IN INTRAMURAL			
SPORTS AGAIN. I FULLY UNDERSTAND THIS CONTRACT AND PROMISE TO GOD (ECCLESIASTES 5:4-6)			
AND ALL OTHERS THAT I WILL UP HOLD THE IMAGE OF CHRIST WHILE BEING COMPETITIVE. IN ADDITION, IN SIGNING THIS CONTRACT I RECOGNIZE THAT CORBAN UNIVERSITY PROVIDES NO			
INSURANCE COVERAGE OR PAYMENT FOR MEDICAL EXPENSES FOR STUDENTS WHO SUSTAIN INJURIES			
WHILE PARTICIPATING IN INTRAMURAL SPORTS. I RECOGNIZE THERE ARE INHERENT RISKS OF INJURY			
WHEN PARTICIPATING IN INTRAMURAL SPORTS AND WAIVE AND RELEASE CORBAN UNIVERSITY FROM			
ANY AND ALL CLAIMS OR DEMANDS FOR DAMAGES OR INJURY, KNOWN OR UNKNOWN, THAT I MAY HAVE			
AGAINST CORBAN AS A RESULT OF PARTICIPATING IN INTRAMURAL SPORTS. I AGREE TO ASSURE AND PAY ALL MY OWN MEDICAL AND EMERGENCY EXPENSES IN THE EVENT OF ACCIDENT, ILLNESS OR			
OTHER INCAPACITY OCCURRING WHILE PARTICIPATING IN INTRAMURALS, I ALSO AGREE THAT I AM			
RESPONSIBLE TO OBSERVE ANY PHYSICAL RESTRICTIONS AS INDICTED BY A PHYSICIAN.			
(PLEASE PRINT)			
1. NAME: SIGNA	ATURE:		
	ATURE:		
DATE:/_			
3. NAME: SIGNA	ATURE:		
DATE:/			

DATE: ___/__/__

DATE: ___/__/__

DATE: ___/__/___

DATE: ___/___/___

DATE: ___/__/__

DATE: __/__/__

4. NAME: _____

5. NAME: _____

6. NAME: _____

7. NAME: _____

8. NAME: _____

9. NAME: _____

10. NAME: _____

SIGNATURE: _____

SIGNATURE: _____

SIGNATURE:

SIGNATURE:

SIGNATURE:

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SIGNATURE: