



THE ROSTER

Sport: _____ Semester: _____ Year: _____

Individual / Team Name: _____
The IM coordinator reserves the right to not allow a team name

League: _____ COED _____ MENS _____ WOMENS

Team Captain: _____ Phone: _____ Email: _____

Alt. Team Contact: _____ Phone: _____ Email: _____

TEAM MEMBERS:

Team Member's First and Last Names			
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

Team Scheduling Conflicts: Please list specific days or times that your **TEAM IS NOT ABLE TO PLAY** and we will attempt to schedule around these conflicts when possible.

ELIGIBILITY

This certifies that I know and understand the BLC Intramural Sports eligibility rules and have completely checked the eligibility of all players on my team. If there is any discrepancy, I will assume full responsibility. I understand that failure to comply with these rules may mean forfeiture of all games in which ineligible players participated and/or removal from the league. I also understand that each team member must sign the release of liability/assumption of risk and the emergency information and consent form before they are eligible to participate.

Signature of Captain: _____ Date: _____

You must sign this form before participating in the Bethany Lutheran College Intramural Program. Sign and return the "Completed Forms" Box in the SFC.