



INTRAMURAL SPORTS TEAM REGISTRATION FORM

SPORT:

Table Tennis (Singles Only)

COST:

\$5 per player

REGISTRATION DATES:

*Monday, February 25th, 1-4pm
Tuesday, February 26th, 1-4pm
Wednesday, February 27th, 1-5pm
Thursday, February 28th, 1-5pm*

LEAGUES:

*MEN'S: Open
WOMEN'S: Open*

PARTICIPANT ONE	PARTICIPANT TWO
LEGAL NAME:	LEGAL NAME:
EMAIL:	EMAIL:
PHONE: (HOME/CELL)	PHONE: (HOME/CELL)
ADDRESS:	ADDRESS:

TOURNAMENT SCHEDULE:

*Players Meeting – Saturday, March 8th at Noon in SRC Upstairs Corridor
Matches – Saturday, March 8th from Noon-6pm*

**Tournament dates and times are subject to change. Participants will be notified via e-mail of final schedules the week of the event.*

I am aware Intramural participants are not covered under the Department of University Recreation or the University's health insurance policies. I hereby release the State of Louisiana, Louisiana State University and Agricultural and Mechanical College, and their respective officers, employees, agents, representatives or the LSU Intramural office from any and all liability, claims, costs, expenses, injuries, illnesses, or loss resulting from, in whole or part, my participation in association with a LSU Intramural Sports event. I will wear the proper protective equipment and I agree to abide by all rules of the sport as mandated by LSU Intramural Office and LSU Department of University Recreation. Recognizing every activity has a certain degree of risk, some more than others, I knowingly and voluntarily assume the risk of these injuries, regardless of severity, which from time to time occur as a result of participation. Further, as a condition of my participation, I attest that I have medical insurance coverage. I, the undersigned, am at least eighteen (18) years, in addition to my signature, my parent or legal guardian also shall state their having read and understanding this release form and all its terms.

SIGNATURE

DATE

FOR OFFICE USE ONLY

PRO BY: _____ PMT TYPE: _____ CHECK #: _____ AMOUNT: \$ _____ DATE: ____/____/____