***Deadline to register is 1 week prior for each event/start of league.***

**2018 Fall Intramural Registration Form**

***Note: Please use ONE form per Intramural Event***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Event** | **Day & Time** | **Date** | **Location** | **Cost** | **Please register me in** |
| Floor Hockey LeagueTeam | Tuesdays12-1pm | Oct 2,9,16,23,30 | North Gym | $30.00XFITC |  |
| Floor Hockey LeagueFree Agent | Tuesdays12-1pm | Oct 2,9,16,23,30 | North Gym | $5.00XFITC |  |
| Futsal LeagueTeam | Tuesdays12-1pm | Oct 30Nov 6,13,20,27Dec 4 | South Gym | $30.00XFITC |  |
| Futsal LeagueFree Agent | Tuesdays12-1pm |  |  | $5.00XFITC |  |
| Floor Hockey Challenge Team | Saturday 9am-4pm | November 3 | North Gym | $30.00XFITC |  |
| Floor Hockey Challenge Free Agent | Saturday 9am-4pm | November 3 | North Gym | $5.00XFITC |  |
| International Futsal Tournament Team | Saturday 9am-4pm | December 1 | North and South Gym | $30.00XFITC |  |
| International Futsal Free Agent | Saturday 9am-4pm | December 1 | North and South Gym | $5.00XFITC |  |
|  |  |  |  | **Total** |  |
| **Please circle form of payment:** Cheque / Cash / Credit (Visa or MC) / Debit | **GST(5%)** |  |
|  |  |  |  | **Total Cost** |  |
|  |  |

Please complete **BOTH** sides of this form and take it to Student Services Centre for payment. Prices DO NOT include GST. Student Services will keep this form and stamp with "Paid". Please keep your original receipt.

**Cancellation Policy**

Full refund will be granted if you cancel seven days prior to the event. No refund will be granted if cancellation occurs after the start date with the exception due to medical reasons (requires a doctors note). Program may be cancelled in the event of low registration or poor weather. If this occurs a refund will be issued for the full amount. Equipment will be provided if necessary by Recreation Services.

***Note: Please use ONE form per Intramural Sport/Event***

**Event Entered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FREE AGENT** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEAM ENTRY**

Team Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Captain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Captain

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informed Consent**

I am requesting registration for the above Program Sessions offered at Red River College by the Recreation Services Department. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent me or limit my participation in a session. In consideration of my participation in the session I release Red River College and Red River College employees from any claims, demands, and causes of action arising from my participation in the Recreation Department Program sessions. I fully understand that I may injure myself as a result of my participation, and I, hereby release Red River College from any liability now or in the future including, but not limited to heart attacks, muscle strain, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness or injury however caused, occurring during, or after my participation in the Program.

I hereby affirm that I have read and fully understand the above.

To review all event rules visit www.rrc.ca/athletics-intramurals-special-events

All players/free agents MUST SIGN this form.

Date:

Print Name: Signature:

Print Name: Signature:

Print Name: Signature:

Print Name: Signature:

Print Name: Signature:

Print Name: Signature:

Print Name: Signature:

Print Name: Signature:

Print Name: Signature:

Print Name: Signature: