INTRAMURAL SPORTS ENTRY FORM

CoRec Volleyball

FOR OFFICE USE ONLY	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
Waivers Checked: _____	League: _____	Receipt #:_____
Roster typed: _____	Date: _____	Initials: _____

Team Name:_____ Phone #:_____ E Mail:_____

Manager's Name:_____ DOB: _____ CougarOne ID #: _____

TEAM CLASSIFICATION: ___ Independent ___ Fraternity / Sorority

TEAM ROSTER

1.	**TEAM MANAGER'S NAME** MUST BE INCLUDED ON THE OFFICIAL ROSTER TO BE ELIGIBLE.	**2.**	YOU MAY ADD TO THIS ROSTER UNTIL YOUR **LAST LEAGUE GAME**.
3.	ALL PLAYERS MUST BE STUDENTS, FACULTY/STAFF, OR ALUMNI WHO ARE PAYING ACTIVITY FEES.	4.	THE **ROSTER IS LIMITED TO 20 PLAYERS** (DROPPING A PLAYER **DOES NOT** OPEN A SLOT).
5.	ALL PLAYERS MUST BRING UH **COUGAR 1 CARD** TO ALL CONTESTS.	**6.**	ALL INFORMATION ON PLAYERS MUST BE **COMPLETE AND ACCURATE.**
7.	PLAYERS MUST BE ON THE ROSTER BEFORE PLAYING. PLAYERS MUST BE ADDED IN THE INTRAMURAL SPORTS OFFICE **BY 5 P.M. THE DAY BEFORE** THE SCHEDULED GAME (**THURSDAYS @ 5 P.M. FOR WEEKEND CONTESTS)**		

"State law requires that you be informed of the following:

1. **with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form;**
2. **under sections 55.021 and 552023 of the Government Code, you are entitled to receive and the review the information; and**
3. **under sections 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect."**

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W		LAST NAME	FIRST NAME	16-digit CougarOne ID #	Date of Birth	E-Mail
	MALES					
W		**LAST NAME**	**FIRST NAME**	**16-digit CougarOne ID #**	**Date of Birth**	**E-Mail**
	FEMALES					