



Intramural ID Number _____

East Central University

Intramural Department

Intramural League Semester Registration Application

Participant Name	
Phone Number	
E-mail	
Mailing Address	
City/State//Zip	

I, _____, desire to participate in the following Intramural activity _____, and I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity. I understand that releasees will not have medical personnel available during the Activity. I understand and agree that releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand that the Institution does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement.

_____ (Participant Signature)

Below Section for Office Use ONLY:

Payment Options: Cash / Check / Credit Card

Today's Date ____/____/____

Receipt Number _____

Amount Collected \$ _20.00_

Staff Initial _____

Visa MasterCard Discover ____/____/____/____

Name on card: _____ Exp. Date ____/____