

The University of Arkansas at Monticello
 Intramurals & Recreation
INDIVIDUAL SPORT ENTRY FORM

SPORT: _____

TEAM: _____

(If you are playing for a team.)

Indicate Your Ability Level (check one):

Novice _____

Intermediate _____

Advanced _____

UAM does not provide medical insurance to students. Intramural participants should be aware that there is a risk of injury in participation in Intramural sports and special events due to the inherent nature of the activity and the grounds. Individuals participate in Intramural programs at their own risk.

My signature certifies that I have read the above clause and understand that I am participating at my own risk.

PRINT NAME LEGIBLY (No nicknames! No initials!)			SIGNATURE	Year in School	Current # hours enrolled
FIRST	MIDDLE	LAST			

LOCAL ADDRESS:	CELL PHONE or LOCAL PHONE:
UAM E-MAIL:	NOTE: All IM/REC information is sent to UAM email addresses only. CHECK YOUR UAM EMAIL FREQUENTLY.

OFFICE USE ONLY

DATE RECEIVED: _____

RECEIVED BY: _____