

**The University of Arkansas at Monticello  
Intramurals & Recreation**

**TEAM ENTRY FORM**

<b>TEAM NAME:</b>	<b>SPORT:</b>
<b>MANAGER' S FULL NAME:</b>	<b>ALTERNATE MGR's FULL NAME:</b>
<b>LOCAL ADDRESS:</b>	<b>LOCAL ADDRESS:</b>
<b>PHONE:</b>	<b>PHONE:</b>
<b>YOU WILL BE CONTACTED VIA YOUR UAM E-MAIL</b>	<b>YOU WILL BE CONTACTED VIA YOUR UAM E-MAIL</b>

**DIVISION:** (check one)    **MEN**\_\_    **WOMEN**\_\_    **CO-REC**\_\_

CIRCLE hours your team CAN participate. CROSS OUT hours your team CANNOT play.

**MONDAY:**            **4:00-5:00**    **5:00-6:00**    **6:00-7:00**    **7:00-8:00**

**TUESDAY:**            **4:00-5:00**    **5:00-6:00**    **6:00-7:00**    **7:00-8:00**

**WEDNESDAY:**            **4:00-5:00**    **5:00-6:00**    **6:00-7:00**    **7:00-8:00**

**THURSDAY:**            **4:00-5:00**    **5:00-6:00**    **6:00-7:00**    **7:00-8:00**

**(SUNDAY:**            **2:00-3:00**    **3:00-4:00**    **4:00-5:00**    **5:00-6:00)**

Games will not be scheduled on Sunday unless necessary.

\*While every attempt will be made to honor time requests, specific time preferences are not guaranteed.\*

**\*BOTH SIDES OF THIS FORM MUST BE COMPLETED FOR ENTRY TO BE ACCEPTED.\***

**ENTRY FORMS DUE: PRIOR TO** \_\_\_\_\_

VERIFIED MANAGERS MEETING ATTENDED ON: _____
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## UAM INTRAMURAL TEAM ROSTER

UAM does not provide medical insurance for students. Intramural participants should be aware that there is a risk of injury in participation in intramural sports due to the inherent nature of the activity and the grounds.

Individuals participate in IM/Rec 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			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>11</b>						
<b>12</b>						
<b>13</b>						
<b>14</b>						
<b>15</b>						
<b>16</b>						

**NOTE: MAXIMUM ROSTER SIZE VARIES PER SPORT.**

**ELIGIBILITY:** My signature below certifies that I am aware of & understand the INTRAMURAL ELIGIBILITY RULES for this sport & that all players on my team are eligible.

USE OF INELIGIBLE PLAYER(S) IS REASON FOR REMOVAL OF TEAM FROM LEAGUE, TOURNAMENT, ETC.

**TEAM MANAGER SIGNATURE:** \_\_\_\_\_

**\*BOTH SIDES OF THIS FORM MUST BE COMPLETED.\***