





Summer Tennis - Name: \_\_\_\_\_

PLAYERS INFO		**STUD. ORG. #	ID or RECREATION PERMIT NUMBERS
Player's Name: _____	M/F		
Phone#: _____			
E-mail address: _____			

\*\* ORGANIZATION NUMBER: In the column designated "Org. Number" place the appropriate number that represents a particular player. UNDERGRADUATES are (1) DUE, (2) GSA, (3) MED, (4) Grad. Management, (5) DENT, (6) MFC, (7) PHARM, (8) LAW, (9) Faculty/Staff/Community

**UNIVERSITY AT BUFFALO ~ INTRAMURAL SERVICES**  
**PLAYER'S DECLARATION**

SPORT: TENNIS

- I have read and understand the University at Buffalo's Intramural Sports Eligibility rules.
- I fully understand that if the above mentioned team should use an illegal player, then I, as well as the rest of my team, assume the technical ramifications of that action.
- I will join and encourage my team members to join the outdoor soccer listserv in order to receive all up to date league information.
- Attend or send a team representative to attend the pre-season captain's meeting, **Tuesday, June 3, 2008 @ 5:00pm in the Bull Pen in Alumni Arena.** Important information is given out at this meeting.
- Provide accurate names, phone numbers and email addresses so the Assistant Director for Intramurals can communicate properly any and all changes with you.
- Inform my team members that ID's are required at the start of games. NO ID MEANS NO PLAY.
- Ensure team members arrive on time to all games.
- GAME TIME IS FORFEIT TIME. There is NO GRACE PERIOD.
- I fully understand that the refundable part of my deposit **must be picked up within the refund period** in the semester which my team participated. **I MUST PRESENT MY ORIGINAL RECEIPT TO RECEIVE MY REFUND.**
- I understand the Intramural Sports Team Deposit/Refund Policy (READ THE ATTACHED SHEET BEFORE SIGNING THIS DOCUMENT.).

I do hereby, for my heirs, executors and administrators, waive, release and forever discharge any and all claims for damages which my team has or which may hereafter occur to said team or team members in connection with our association or entry out of our participation in said event.

<b>Office Use Only</b>		
Division of Play (Check One)		
<input type="checkbox"/> Men's Carefree "A"	<input type="checkbox"/> Men's Advance "B"	<input type="checkbox"/> Women's Carefree "C"

CAPTAIN'S NAME (SIGNED): \_\_\_\_\_ DATE: \_\_\_\_\_