Paid Forfeit Fee_____ Transfer Forfeit Fee _____

Office Staff Initial & Date_____

STONY BROOK UNIVERSITY
DEPARTMENT OF CAMPUS RECREATION
INTRAMURAL ROSTER

Team Name:	**SPORT:**
Manager: **Phone # (Cell/Home):**	**E-mail Address:**
Assistant Manager: **Phone # (Cell/Home):**	**E-mail Address:**

DAYS & TIMES TEAM CANNOT PLAY: _____
_____

Name	Solar ID #	Signature (for Disclaimer & IM Medical Policy)	Status (Circle One)	Commuter or Resident
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	

Please Circle one in each category: **(Circle One) DIVISION**
Resident Hall (Quad) _____
Independent
Fraternity/Sorority_____
Undergraduate College: _____
Faculty/staff

(Circle One) LEAGUE
Men's
Women's
Coed

(Circle One) LEVEL
Competitive
Recreational

Intramural Medical Policy

Participation in all Recreational Sports Facilities and programs is on a voluntary basis. Stony Brook University, the State University of New York and the State of New York are not be liable for any injuries, damages or other losses which individuals may incur while using Recreational Sports facilities or participating in recreational Sports Programs provided by The Department of Campus Recreation. Individuals specifically assume all risks of injuries, damages, or other losses while using any University equipment or facilities at Stony Brook, or while participating in any program, exercise or activity at Stony Brook or on Stony Brook's premises.

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