



Intramural Racquet Sport Leagues
TEAM REGISTRATION FORM

DEFAULT BOND FEE

Badminton League	<input type="checkbox"/>	\$ 70.00	46914
Table Tennis League	<input type="checkbox"/>	\$ 70.00	46918
Tennis League	<input type="checkbox"/>	\$ 70.00	46920

* Default Bond is a refundable fee provided the team does not default any games during the Season

TEAM REPRESENTATIVE NAME:	
STUDENT NO.:	CELL NUMBER:
EMAIL:	
TEAM NAME:	

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

AMOUNT PAID	METHOD OF PAYMENT	STAFF INITIAL
	<input type="checkbox"/> CASH <input type="checkbox"/> DEBIT <input type="checkbox"/> CREDIT	

PARTICIPANTS RELEASE

PLEASE READ THE INFORMED CONSENT AGREEMENT ON THE BACK OF THIS FORM. YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE INFORMED CONSENT AGREEMENT IN ITS ENTIRETY AND I HEREBY AGREE TO PARTICIPATE IN THE INTRAMURAL PROGRAM NAMED ABOVE.

Name	Student #	Coll./Fac.	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

INFORMED CONSENT AGREEMENT

I/WE, the UNDERSIGNED, hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions or inactions of others, or a combination of both.

I/WE understand that the RULES AND REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations.

I/WE, understand that certain activities require a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I/WE hereby WARRANT being physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities.

I/WE agree that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO or its employees, servants or agents shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its employees, servants or agents while acting within the scope of their duties.

I/WE declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and my signature on the reverse indicates my consent to participate acknowledging all of the foregoing.