

**ELON UNIVERSITY  
CAMPUS RECREATION  
5-on-5 BASKETBALL ROSTER FORM**

**STAFF USE ONLY:**  
 Forfeit fee amount \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Received By \_\_\_\_\_

**Team Name** \_\_\_\_\_

**Captain's Name** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Campus Box** \_\_\_\_\_ **Local Phone** \_\_\_\_\_

**Asst. Capt. Name** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Campus Box** \_\_\_\_\_ **Local Phone** \_\_\_\_\_

Please circle desired division:

**Division:**            Men's                    Greek                    Women's                    Co-Ed

Please circle desired league:

**League:**                    Competitive (Gold)                    Recreational (Maroon)

*\* For information regarding the differences between leagues and divisions please read the last 2 pages of the sport rules.*

Team Roster Guidelines:

1. Print all names CLEARLY.
2. All participants must meet eligibility guidelines (see General Intramural Policies).
3. All entry forms incorrectly completed will be rejected from Intramural play.
4. All entries must be turned in along with the ASSUMPTION OF RISK signature to Campus Recreation.

**RISK STATEMENT:** I, the undersigned, hereby expressly and affirmatively state that I wish to participate in Campus Recreation programs. I realize that my participation in this activity involves risk of injury, including but not limited to tendonitis, strains, sprains, bursitis, the possibility of death. I also recognize that there are many other risks of injury including serious and disabling injuries which may arise due to my participation in this activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating, knowing reasonably anticipating that other injuries and death is a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risks of injury and even death which could occur by reason of my participation.

|     | Name  | Year in School | Residence Area/Off Campus | Signature |
|-----|-------|----------------|---------------------------|-----------|
| 1.  | _____ | _____          | _____                     | _____     |
| 2.  | _____ | _____          | _____                     | _____     |
| 3.  | _____ | _____          | _____                     | _____     |
| 4.  | _____ | _____          | _____                     | _____     |
| 5.  | _____ | _____          | _____                     | _____     |
| 6.  | _____ | _____          | _____                     | _____     |
| 7.  | _____ | _____          | _____                     | _____     |
| 8.  | _____ | _____          | _____                     | _____     |
| 9.  | _____ | _____          | _____                     | _____     |
| 10. | _____ | _____          | _____                     | _____     |

**TEAMS LIMITED TO 10 PLAYERS**



**IMPORTANT REMINDERS:**

- Team captains are EXPECTED to attend pre-season meeting with a completed roster and receipt.
- Campus recreation will attempt to place teams in leagues according to their availability. Teams may not be accommodated for availability due to specific league assignments or during the post season tournament.

**CLUB & VARSITY ATHLETES:**

- No more than **four** (4) members of the Elon Club Basketball teams, Men's and Women's, may be on one roster.
- Any athlete who participated with a collegiate varsity team (Elon or other institution) in this sport (varsity basketball) cannot participate in Intramural competition for one academic year following his/her last practice or game with the varsity team.

**ENTRY FEE:**

- All teams are required to pay a \$20.00 forfeit fee to participate. Payment is to be made at the BURSARS OFFICE or CAMPUS RECREATION. **Your payment receipt with completed entry roster form must be turned in at the Campus Rec front desk by 12:30pm the day immediately following the captains meeting.**
- Refundable forfeit fees MUST be picked up two weeks after the final game of the season. Fees not picked up by this date will be forfeited.

**ASSUMPTION FOR RISK STATEMENT:**

ALL participants are required to read and sign the above Assumption of Risk Prior to participation in all activities.  
I ACKNOWLEDGE AND UNDERSTAND ALL THE ABOVE.

\_\_\_\_\_  
Captain Signature

\_\_\_\_\_  
Asst. Capt. Signature

**Please indicate the times your team is UNAVAILABLE to play:**

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | SUNDAY |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

