



# RECREATION SERVICES

*Illinois State University*

## RecSports Entry Form

Sport: \_\_\_\_\_ League (CIRCLE ONE): Men's Women's Co-Rec Open

Team Name: \_\_\_\_\_ (Team Names are subject to review by the Department of Recreation Services)

Captain: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Co-Captain: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Office  
Use  
Only**

	PLAYER'S NAME	CLASSIFICATION	University ID #	SIGNATURE*
1.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
2.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
3.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
4.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
5.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
6.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
7.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
8.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
9.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
10.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
11.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
12.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
13.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		
14.		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Lincoln		

- All player information and signatures must be recorded on this form or that player will not be eligible to participate.
- All participants must have proper **University identification** to participate.
- Roster changes must be done onsite at activity in the presence of a RecSports supervisor on the original entry form.

**This form is due by 4:00 p.m. at the Student Rec Building by the ROSTER DUE date for the sport**

\*\*\*Please complete information on the backside\*\*\*

FOR OFFICE USE ONLY

FEE \$ \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ STAFF INITIALS \_\_\_\_\_



**RECREATION SERVICES**  
*Illinois State University*

**RecSports**

**Please sign the above form after reading the following paragraphs:**

Understanding that all Department of Recreation Services facilities and activities are University sponsored, I hereby agree to abide by all University regulations as specified in the Student Code of Conduct and all rules presented by the Department of Recreation Services staff members, either written or verbal, for the use of their facilities. Furthermore, I understand that failure to abide by these regulations is grounds for possible restrictions on my use of the Department of Recreation Services facilities and /or loss of all recreation privileges. I also understand that the Department of Recreation Services reserves the right to refer any disciplinary matter to the ISU police for a disciplinary sanction separate and distinct from any loss of privileges applied by the Department of Recreation Services staff.

I understand that the possibility of injury does exist when participating in the Department of Recreation Services activities. These activities consist of various phases designed to measure my functional fitness capacity. The Department of Recreation Services reserves the right to require a doctors approval before any services can be administered. The Department of Recreation Services also reserves the right to refusal of any services when there is incidence of risk. These services consist of a series of evaluations to measure flexibility, body composition, muscular strength and endurance, and cardio respiratory endurance. I recognize that possible injuries range from bruises, muscle strain and sprain to more severe injuries such as broken bones, concussions, dislocations and perhaps even those classified as catastrophic injury.

I acknowledge my awareness that in the event of injury, no compensation is available from the Department of Recreation Services, Illinois State University, the Board of Regents, or the State of Illinois, their members, agents or employees. My responsibility to obtain proper insurance or pay all charges associated with the accident is hereby confirmed.

I, the undersigned, being aware of my own health and physical conditioning, and having knowledge that my participation in this program and fitness testing procedures may be injurious to my health have read the above statement and understand its content. My signature confirms my reading and comprehension of the statement provided by the Department of Recreation Services. I sign this statement of my own free will and for the purpose of participating in activities sponsored or promoted by the Department of Recreation Services of Illinois State University.

CAPTAIN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Yes, I am willing to be contacted electronically for officially approved campus research projects. I understand that contact will be limited to faculty and student research projects, or projects that help the campus improve programs and services. I understand that I am free to decline to participate in any specific survey and that I can return at any time and change my opt-in choice.

Check us out at

[www.rec.ilstu.edu](http://www.rec.ilstu.edu)