



2017 Fall Intramural Registration Form

Note: Please use ONE form per Intramural Event

Deadline to register is 1 week prior for each event.

Event	Day & Time	Date	Location	Cost	Please register me in
Halloween Dodgeball Tournament Team	Tuesday 5pm-9pm	October 31st	South Gym	\$30.00 XFITC	
Halloween Dodgeball Free Agent	Tuesday 5pm-9pm	October 31st	South Gym	\$5.00 XFITC	
Floor Hockey Challenge Team	Saturday 9am-4pm	November 18 th	North Gym	\$30.00 XFITC	
Floor Hockey Challenge Free Agent	Saturday 9am-4pm	November 18th	North Gym	\$5.00 XFITC	
International Futsal Tournament Team	Saturday 9am-4pm	December 3rd	North and South Gym	\$30.00 XFITC	
International Futsal Free Agent	Saturday 9am-4pm	December 3rd	North and South Gym	\$5.00 XFITC	
				Total	
				GST(5%)	
				Total Cost	

Please circle form of payment: Cheque / Cash / Credit (Visa or MC) / Debit

Please complete **BOTH** sides of this form and take it to Student Services Centre for payment. Prices DO NOT include GST. Student Services will keep this form and stamp with "Paid". Please keep your original receipt.

Cancellation Policy

Full refund will be granted if you cancel seven days prior to the event. No refund will be granted if cancellation occurs after the start date with the exception due to medical reasons (requires a doctors note). Program may be cancelled in the event of low registration or poor weather. If this occurs a refund will be issued for the full amount.

Equipment: Equipment will be provided if necessary by Recreation Services.

Note: Please use ONE form per Intramural Sport/Event

Event Entered: _____

FREE AGENT

Name: _____ Email: _____

Phone: _____

TEAM ENTRY

Team Name: _____

Team Captain: _____ Email: _____

Phone: _____

Alternate Captain

Name: _____ Email: _____

Phone: _____

Informed Consent

I am requesting registration for the above Program Sessions offered at Red River College by the Recreation Services Department. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent me or limit my participation in a session. In consideration of my participation in the session I release Red River College and Red River College employees from any claims, demands, and causes of action arising from my participation in the Recreation Department Program sessions. I fully understand that I may injure myself as a result of my participation, and I, hereby release Red River College from any liability now or in the future including, but not limited to heart attacks, muscle strain, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness or injury however caused, occurring during, or after my participation in the Program. I hereby affirm that I have read and fully understand the above.

To review all event rules visit www.rrc.ca/athletics-intramurals-special-events

All players/free agents MUST SIGN this form.

Date: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____