OFFICIAL MUSC INTRAMURAL ROSTER

Intramural Sport: _____

Team Name: _____

Team Captain: _____

League (Circle One): Competitive or Noncompetitive

Complete Address: _____

_____

Phone Number: _____

Email: _____

1) ***Persons eligible to play MUSC Intramurals are MUSC students, spouses of MUSC students, staff, faculty, and Wellness Center members.***

2) ***<u>Write each player's full name as it appears in the MUSC Directory</u>. Individuals listed on this roster who are not "eligible" will result in suspension of this team.***

3) ***Additions to rosters (new players) will be accepted through the 4th week of play of all sports unless otherwise noted & must be submitted in person by the Team Captain to the Student Programs Office.***

4) ***There are risks inherent in this activity. Each player is responsible for themselves and any medical expenses incurred due to an injury.***

Is your team in need of extra players? If so, would you be willing to accept a player who does not belong to an organized team as a player on your team?

YES ☐ **NO** ☐

Team captain:	Affiliation with MUSC (Check all that apply):				
	☐ Student	☐ Spouse	☐Faculty	☐Staff	☐Wellness Center Member
Team members:	**Affiliation with MUSC (check all that apply):**				
1.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
2.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
3.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
4.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
5.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
6.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
7.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
8.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
9.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
10.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
11.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
12.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
13.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
14.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
15.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
16.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
17.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member
18.	☐Student	☐ Spouse student's name- College-	☐Faculty	☐Staff	☐Wellness Center Member

Note: If you have more players than spaces provided, please include them on an additional sheet of paper