INTRAMURAL SPORTS ENTRY FORM

Volleyball

FOR OFFICE USE ONLY	*FOR OFFICE USE ONLY*	*FOR OFFICE USE ONLY*
Waivers Checked: _____	League: _____	Receipt #:_____
Roster typed: _____	Date: _____	Initials: _____

Team Name:_____ Phone #:_____ E Mail:_____

Manager's Name:_____ DOB: _____ CougarOne ID #: _____

DIVISION: ___ Men ___ Women **TEAM CLASSIFICATION:** ___ Independent ___ Fraternity / Sorority

TEAM ROSTER

1. **TEAM MANAGER'S NAME** MUST BE INCLUDED ON THE OFFICIAL ROSTER TO BE ELIGIBLE.	**2.** YOU MAY ADD TO THIS ROSTER UNTIL YOUR **LAST LEAGUE GAME**.
3. ALL PLAYERS MUST BE STUDENTS, FACULTY/STAFF, OR ALUMNI WHO ARE PAYING ACTIVITY FEES.	4. THE **ROSTER IS LIMITED TO 20 PLAYERS** (DROPPING A PLAYER **DOES NOT** OPEN A SLOT).
5. ALL PLAYERS MUST BRING UH **COUGAR 1 CARD** TO ALL CONTESTS.	**6.** ALL INFORMATION ON PLAYERS MUST BE **COMPLETE AND ACCURATE.**
7. PLAYERS MUST BE ON THE ROSTER BEFORE PLAYING. PLAYERS MUST BE ADDED IN THE INTRAMURAL SPORTS OFFICE **BY 5 P.M. THE DAY BEFORE** THE SCHEDULED GAME (**THURSDAYS @ 5 P.M. FOR WEEKEND CONTESTS)**	

"State law requires that you be informed of the following:

1. **with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form;**
2. **under sections 55.021 and 552023 of the Government Code, you are entitled to receive and the review the information; and**
3. **under sections 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect."**

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W	LAST NAME	FIRST NAME	16-digit CougarOne ID #	Date of Birth	E-Mail