



Intramural Sports and Recreation Participant Registration

Please fill out this form along with the Waiver of Release and Liability. For questions or additional information regarding the Intramural Sports and Recreation program or registration, please call 512.223.9REC (9732).

Sport _____ Student ID# _____

Type of Registration: Free Agent (Please place me on a team.)
 Team/Team Name _____

Level of Participation: high school college recreation

Participant Contact Information

First Name _____ Last Name _____

Date of Birth _____ Age _____

Address _____ City/State/ZIP _____

Email _____ Cell Phone _____

Home Campus(es): CYP EVC NRG PIN RGC RVS SAC

Emergency Contact

Name _____ Relationship _____

Phone Number _____ Other Phone _____

Authorization For Emergency/Medical/Dental Care

Any known allergies to food/drugs, insect stings, poison ivy/plants, etc? Yes No

If so, please specify: _____

Physician's name _____ Phone _____

I, _____, hereby give permission to Austin Community College to secure emergency medical and surgical treatment and routing, non-surgical medical care at the most available medical facility while under the supervision of the Student Life Department.

(Signature of student)

(Date)

(If under 18, Signature of parent/guardian)

(Date)

Intramural Sports and Recreation Waiver and Release of Liability Form

Name: _____ Telephone: _____

Address: _____

I, _____ (print name), waive, release and discharge Austin Community College (ACC), its trustees, officers and employees from any claims, demands, costs, causes of action, or damage as a result of property loss or damage, or personal injuries sustained to myself during my participation in or traveling to and from locations for **ACC Intramural Sports and Recreation Program** during **fall 2008-spring 2009 seasons**.

Furthermore, I intend this waiver and release to be legally binding on my heirs, executors, administrators, estate and assigns. In the event that ACC or any trustees, officers, agents, employees or volunteers of ACC provides transportation for me, this Waiver and Release shall extend to and release any volunteer driver or employee driver from any aforesaid liability.

In the event that I become ill or have any type of accident or other emergency situation concerning my health, safety or well being, I authorize ACC to obtain the services of a licensed physician to treat and administer medication to me. By doing this I release and hold harmless ACC, its trustees, officers and employees, for any liability whatsoever that may result from negligence, nonfeasance or malfeasance that may arise as a result of the emergency and/or treatment. I, the undersigned, hereby state that I am an adult over the age of eighteen (18) years, and that I am mentally competent to make this release. I will notify ACC in writing if this status changes. I further state that I am physically able to participate in the trip or activities during the semester indicated above.

You are responsible for consulting with your physician if you have a medical condition (such as asthma, epilepsy, diabetes, anaphylactic reaction, pregnancy, or other strong allergic reactions, etc.) that might affect your during your trip. If requested, your professor can provide you with a detailed description of the activity for evaluation by your physician. On the day of the trip you may want to inform a responsible person, where you are keeping medication which you would need in an emergency. You are responsible for providing and administering any medications that must be taken orally or by injection.

Please use the space below to divulge any information about your health that you want to share with your sponsor and sign it with you initials: _____

Initial: _____

I further understand that ACC has a **zero tolerance policy** towards any alcohol, weapons, or drug use and will be completely prohibited. Any use of these will further release ACC from all liability with any action associated therein. Drugs, weapons, or alcohol use will be subject to disciplinary action and/or criminal prosecution, ranging from expulsion to jail time.

Signature (if under 18, parent or legal guardian must sign)

Date

Signature of Witness (witness must be at least 18 years old)

Date

Printed Name of Witness

Latest version of Acrobat Reader  is needed to submit forms.