



# Intramural Sports

Medical College of Georgia  
DA-1000  
Augusta, Georgia 30912  
(706) 721-6066

## Intramural Sports Individual/Dual Sport Entry Form

Sport: Racquetball

Registration Deadline: Wednesday, January 23rd

### Participant's Information

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Participant's Information (for dual events only)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

This certifies that I understand, and will abide by all the Intramural Sports polices and procedures. I, \_\_\_\_\_, will read the Intramural Sports Participant Handbook and rules for the sport listed above. I recognize my responsibility for knowing the eligibility rules governing this activity. I am responsible for checking schedule information and for being ready to play at the correct time, on the correct date in order to avoid a forfeit. If I do forfeit, I understand that I will be dropped from the league/tournament.

\_\_\_\_\_  
Captain's Signature

\_\_\_\_\_  
Date

Division: (select one)      \_\_\_Men's      \_\_\_Women's

### Preferred Scheduling:

Time: \_\_\_Any      \_\_\_Before 7:30      \_\_\_After 7:30

\*Please note that these preferences do not guarantee any specific times or dates, it helps to provide scheduling assistance in order to avoid conflicts.

### Entry Fees: (due in full at time of registration)

- Student:      \$10.00
- Non-Student:      \$15.00

(Non-student refers to any MCG faculty, staff, housestaff, resident, or Wellness Center member.)

**Refunds will not be granted after the initial schedule has been posted.** Fees may be transferred to a different session or program upon approval of the Wellness Center.

### For Office Use Only

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

### From of Payment: (select one)

\_\_\_ Visa

\_\_\_ Mastercard

\_\_\_ Discover

\_\_\_ Money order

\_\_\_ MCG Express

\_\_\_ Check