



## ASBURY COLLEGE CAMPUS RECREATION

Date Rec'd \_\_\_\_\_ Rec'd by \_\_\_\_\_  
~ Official Use Only ~

### INTRAMURAL DROP/ADD FORM

This form is required to be used to join an intramural team once the season is in progress and Sign-up Night is over. It should be completed by the participant and co-signed by the coach(es).

**Note:** There may be no additions to team rosters within two (2) weeks of the play-offs. Please **PRINT** and complete in full. Incomplete information may lead to a delay in eligibility.

**DIVISION:**            **MEN**                      **WOMEN**                      **CO-RECREATIONAL**                      **(Circle One)**

**SPORT:** \_\_\_\_\_ **SEMESTER:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

Participant's Full Name (no nicknames, please)	√ A box below								Varsity or Ex-varsity
	Fr	So	Jr	Sr	Fac	Staff	Alum*	Sem*	

**LOCAL PHONE/EXT:** \_\_\_\_\_ **LOCAL ADDRESS/DORM:** \_\_\_\_\_

**CURRENT TEAM'S NAME (if any):** \_\_\_\_\_

**CURRENT COACH/MANAGER'S NAME (if any):** \_\_\_\_\_

I understand by signing below, I acknowledge that the above listed participant desires to change teams and will be removed from our team roster. He/She will no longer be eligible to play with my team effective the date this form is received by the Intramural Office.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Current Coach/Manager's Signature)

**FUTURE TEAM'S NAME:** \_\_\_\_\_

**FUTURE COACH/MANAGER'S NAME:** \_\_\_\_\_

I understand by signing below, I acknowledge that the above listed participant desires to be added to our team roster. If he/she is not on a team currently, he/she will be eligible to play with my team effective the date this form is received by the Intramural Office. If, however, he/she is changing teams, I understand he/she must sit out the next two scheduled games. Also, to the best of my knowledge, my team still meets the alumni, seminary and varsity limitations/restrictions according to the Intramural Handbook with this addition.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Future Coach/Manager's Signature)

**PARTICIPANT**

I understand by signing below, I acknowledge that I want to be added to (and perhaps dropped from) a team roster. If I am not on a team currently, I will be eligible to play with my team effective the date this form is received by the Intramural Office. If, however, I am changing teams, I understand I must sit out the next two scheduled games. I realize that I may only change teams once during a season. Also, I understand that I will not be eligible until I have a completed Intramural Informed Consent Form on file for this academic year.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Participant's Signature)

\*Alumni/Alumnae and ATS students must pay a fee (\$20/sport or \$60/semester) before they are eligible to participate. Please make checks payable to Asbury College Intramurals.