

Oconee County Parks and Recreation Department 2019-20 Intramural Basketball Team Entry/Roster

OFFICE USE ONLY #
 Date Completed: _____
 Approved by Coordinator: Y / N

Team Name _____

Team Captain Name _____

Team Captain Email _____

Team Captain Cell Phone _____

Team Mailing Address _____

City _____ State _____ Zip _____

- All participants must abide by the Oconee County Parks and Recreation Department Code of Conduct.
- All participants must be respectful towards officials, opponents, teammates, park staff, spectators and facilities.
- All participants are expected to comply with the Rules and Regulations guiding the program.
- Participants assume all risks and hazards incidental to the conduct of the program activities.
- Health, or accident insurance, is the responsibility of the individual participant, and is not provided by Oconee County.
- Participants may be photographed and such image may be published in an outlet used to promote the department.

ALL PLAYERS MUST BE IN HIGH SCHOOL

Print Player Name	Phone Number	Age	School	T-Shirt Size
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

By submitting the team entry form, I, the student manager, am agreeing to be the point of contact for the stated team, attend the mandatory managers meeting, and communicate appropriately with the League Coordinator. I also agree to hold the team members accountable to the Oconee County Parks and Recreation Department Code of Conduct.

Team Captain Signature _____

Date _____

Team Captain Name (Print) _____

***Please List Schedule School Related Conflicts Below: (band concerts, school plays etc.)
Claim these dates NOW to be considered. However it is NOT guaranteed that they will be accommodated.***

Date of Conflict	Nature of Conflict	Approval Y/N