



# ADD/DELETE

**2018 STATE OF WISCONSIN EXTRAMURAL TOURNAMENT ADDITION/DELETION FORM**  
(PLEASE PRINT CLEARLY)

Team Name:  (circle one) MEN WOMEN

Institution:  Phone:

Captain:  Date:

E-mail:

RANK	
Staff	6
Grad	5
Sr.	4
Jr.	3
So.	2
Fr.	1

**TEAM ADDITIONS (must be made by 11:59pm on Thursday, March 8, 2018)**

**MAKE SURE ALL PLAYERS SIGN BELOW!**

	Player's Name	Identification #	M/F	University E-mail Address: @ <input style="width: 80px;" type="text"/> .edu	Phone(include area code)	Rank
1	<input style="width: 200px; border: 1px solid black;" type="text"/>	<input style="width: 80px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>	<input style="width: 250px; border: 1px solid black;" type="text"/>	<input style="width: 100px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>
2	<input style="width: 200px; border: 1px solid black;" type="text"/>	<input style="width: 80px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>	<input style="width: 250px; border: 1px solid black;" type="text"/>	<input style="width: 100px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>
3	<input style="width: 200px; border: 1px solid black;" type="text"/>	<input style="width: 80px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>	<input style="width: 250px; border: 1px solid black;" type="text"/>	<input style="width: 100px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>
4	<input style="width: 200px; border: 1px solid black;" type="text"/>	<input style="width: 80px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>	<input style="width: 250px; border: 1px solid black;" type="text"/>	<input style="width: 100px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>
5	<input style="width: 200px; border: 1px solid black;" type="text"/>	<input style="width: 80px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>	<input style="width: 250px; border: 1px solid black;" type="text"/>	<input style="width: 100px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>

*I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that there are certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in the intramural sports activities. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for*

**DELETION**

*Players we wish to remove*

Player's Name

1	<input style="width: 200px; border: 1px solid black;" type="text"/>
2	<input style="width: 200px; border: 1px solid black;" type="text"/>
3	<input style="width: 200px; border: 1px solid black;" type="text"/>
4	<input style="width: 200px; border: 1px solid black;" type="text"/>
5	<input style="width: 200px; border: 1px solid black;" type="text"/>

**Waiver**

Please have all team members review and sign:

	Player's Name	Signature
1	<input style="width: 200px; border: 1px solid black;" type="text"/>	_____
2	<input style="width: 200px; border: 1px solid black;" type="text"/>	_____
3	<input style="width: 200px; border: 1px solid black;" type="text"/>	_____
4	<input style="width: 200px; border: 1px solid black;" type="text"/>	_____
5	<input style="width: 200px; border: 1px solid black;" type="text"/>	_____

*\*I verify that the individuals listed above are currently enrolled students or presently employed faculty/staff members of our institution, are all members of the same institution, are not current members of the varsity basketball team or were not members the preceding academic year (including red shirts), and have not played professional basketball at any time!*

Intramural Director (Please Print) \_\_\_\_\_ Date \_\_\_\_\_ Intramural Director Signature \_\_\_\_\_

IM Director's Phone Number