

UNIVERSITY OF TORONTO
FACULTY OF KINESIOLOGY & PHYSICAL EDUCATION

Racquet Tournament

TOURNAMENT ENTRY FORM

This form must be completed by the Team Representative and filed with the Program Office prior to the Entry Deadline.

Bond & Reimbursement Information

PAYMENT TYPE: Cash _____ Debit _____ Credit _____ Cheque _____

NAME OF PERSON MAKING PAYMENT: _____

Student #: _____

EMAIL ADDRESS: _____

NB: Bond will be returned to above name only

Participant Information

Please fill out the information in full. Failure to do so may result in removal from tournament.

College/Faculty: _____

GYWICbY.
GYWICbY:

Singles	Doubles
.....BadmintonTennis
.....Table TennisSquash

GYWICbY.
GYWICbY:

.....Women'sCo-ed/MixedMen's
Beginner	Intermediate	Advanced

PLEASE ENSURE ENTIRE FORM IS COMPLETE AND LEGIBLE.

Player #1

Student Name: _____

Signature: _____

Student #: _____ Phone#: _____

Email: _____

Player #2

Student Name: _____

Signature: _____

Student #: _____ Phone#: _____

Email: _____

PARTICIPANTS RELEASE

PLEASE READ THE INFORMED CONSENT AGREEMENT ON THE BACK OF THIS FORM.
YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE INFORMED CONSENT AGREEMENT IN ITS ENTIRETY AND I HEREBY AGREE TO PARTICIPATE IN THE INTRAMURAL PROGRAM NAMED ABOVE.

INFORMED CONSENT AGREEMENT

I/WE, the UNDERSIGNED, hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions or inactions of others, or a combination of both.

I/WE understand that the RULES AND REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations.

I/WE, understand that certain activities require a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I/WE hereby WARRANT being physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities.

I/WE agree that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO or its employees, servants or agents shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its employees, servants or agents while acting within the scope of their duties.

I/WE declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and my signature on the reverse indicates my consent to participate acknowledging all of the foregoing.