



Champlain Sports Council

INTRAMURAL SPORTS PROGRAM

REGISTRATION FORM

SPORT:	REGISTRATION: Individual [] Team []
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NAME (Please Print)	ID#	E-MAIL (Please Print)	SIGNATURE	CONSENT*

TEAM NAME:	CAPTAIN:
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*If this form is not properly filled out (incomplete names, illegible, no signatures or ID Numbers) **it will not be accepted!***

*By signing this form and checking off the box next to my signature, I hereby consent to the collection and use of my personal images on the web site of Champlain College Saint-Lambert and/or in any publicity material from Champlain College Saint-Lambert. I understand that my image can be viewed by anyone who accesses Champlain College Saint-Lambert's website or publications.