

COLLEGIATE INTRAMURAL REGISTRATION FORM

Student's Name: _____ Grade: _____

Parent/Guardian: _____ Home #: _____

Address: _____ Work #: _____

Cell #: _____

Emergency Contact: _____ Emergency #: _____

Shirt Size: Adult S M L XL XXL

Intramural Sport:

Parent Consent

I/we being the parents and/or the legal guardian of the above-named student authorize Collegiate and its agents to request emergency medical treatment or care as necessary to ensure the well being of our dependent. I give permission for the above-named student to participate in the WCS Intramural Program and understand that my individual insurance will be responsible for any and all accidents involving my child.

Parent Signature: _____ Date: _____

Please Circle:

Check (payable to WCS Intramurals)

or

Bill my WCS Account