

STONY BROOK UNIVERSITY
DEPARTMENT OF CAMPUS RECREATION
INTRAMURAL ROSTER

Team Name:	SPORT:
Captain:	E-mail Address:
Phone # (Campus/Home):	Address:
(Cell):	

DAYS & TIMES TEAM CANNOT PLAY: _____

Name	Solar ID #	Phone	Status (Circle One)	CHK Office use
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
			Fr Soph Jr Sr Grad F/S	
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			Fr Soph Jr Sr Grad F/S	

Please Circle one in each category:

DIVISION Resident Hall Independent Fraternity/Sorority Undergraduate College: _____ Faculty/staff (Circle One)	LEAGUE Men's Women's Coed (Circle One)	LEVEL Competitive Recreational (Circle One)
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<p>Intramural Medical Policy</p> <p>Participation in all Recreational Sports Facilities and programs is on a voluntary basis. Stony Brook University, the State University of New York and the State of New York are not be liable for any injuries, damages or other losses which individuals may incur while using Recreational Sports facilities or participating in recreational Sports Programs provided by The Department of Campus Recreation. Individuals specifically assume all risks of injuries, damages, or other losses while using any University equipment or facilities at Stony Brook, or while participating in any program, exercise or activity at Stony Brook or on Stony Brook's premises.</p>
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