2009 SWAMP BOWL Registration Form

Team Name:_____ **School / Institution:**_____

Team Captain:_____ **Home Phone Number:**(____)_____

E-Mail Address:_____ **Daytime Phone Number:**(____)_____

Team Captain's Address: _____

I am aware of the inherent risk involved when I engage in athletic competition, further, I understand that neither the Department of Recreational Sports, nor the University of Florida provides an insurance policy to cover any injury I may incur as a result of my participation in the 2009 SWAMP BOWL Flag Football Tournament. Upon signing my name to this roster, I attest that I have read and fully understand that the Department of Recreational Sports will not provide financial remuneration to cover any medical expense I may incur as a result of an injury while participating.

Participant Name	**School ID or SS#**	**Signature**

Team Captain's Signature: _____

Verification by Institution's Recreational Sports Director: _____

Phone:(____)_____

Team Color_____ (All teams must bring an alternate "white" jersey to every game.)

League: Men's Women's Co-Rec

Team Members Participating in Gender Specific and Co-Rec Leagues: Yes No

My team will be able to attend the captain's meeting Friday at 4:30pm and play a game in pool play Friday night <u>if needed</u>: Yes No

Registration Form and payment must be mailed to: **ATTN: SWAMP BOWL**
PO Box 112760
Gainesville, FL 32611-2760.

Date Received: _____ (office use only) **Phone: (352) 273-2441** **Fax: (352) 846-1079**