



Table Tennis Singles

Women's Division (Jr/Sr)_____

Men's Division(Jr/Sr)_____

NAME (Print): _____

E-MAIL (Print): _____

Phone (Print): _____

CAPTAINS PLEASE COMPLETE AND SIGN ELIGIBILITY STATEMENT - This certifies that I know and understand all the intramural rules and have verified the eligibility of all the players on my team with ECHS administration. If there is any discrepancy, I will assume full responsibility. I understand that failure to comply with these rules will result in disciplinary action as outlined in the eligibility rules of the intramural handbook. I also understand that any and all photos taken during intramural activities are the sole property of the TAMIU Recreational Sports Department and may be used in flyers, pamphlets, catalogs, web sites, or other promotional outlets.

PARTICIPANT SIGNATURE: _____ DATE: _____



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