

Old Dominion University
Recreation and Wellness Department
DOUBLES REGISTRATION FORM

PARTICIPANT'S NAME: (Please Print Legibly): _____ UIN: _____

E-Mail Address: _____ Contact Phone Number: _____

PARTICIPANT'S NAME: (Please Print Legibly): _____ UIN: _____

E-Mail Address: _____ Contact Phone Number: _____

Division: (Mark (X) only one selection please) Women: ___ Men: ___ Mixed: ___
 Level of Play: (Mark (X) only one selection please) Beginner: ___ Intermediate: ___ Advanced: ___

Please circle a maximum of 'two' *DAYS* you **CANNOT** participate:

SUNDAY _____ MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ SATURDAY _____

Please Mark (X) time of day you prefer to play:

Early evening (4-8): _____ Later Evening (8-11): _____ No Time Preference: _____

You are selecting a PREFERENCE, not a guarantee, which we may not be able to take into Consideration. Also, please understand, that participants who fail to meet the entry deadline or do not attend the captain's meetings, "may" not receive their preferred times and/or days.

Please list any specific dates and times that you are unable to participate due to meetings, religious holidays, etc...

ATTENTION**ATTENTION**ATTENTION**ATTENTION**ATTENTION**ATTENTION

Your participation in this activity could result in physical injury which could be serious or fatal! Old Dominion University assumes no responsibility for injuries received during recreational activities. Participation is completely voluntary. It is strongly recommended that all participants have a physical examination and secure adequate medical insurance prior to participation.

By signing below, I attest that I have read the warning statement above, and assume all financial responsibility for any and all medical treatment and transportation. If I have or have had any physical conditions, limitations, problems, or surgery, particularly of the heart, lungs, joints, muscles, or have been inactive for some time, it is my sole responsibility to consult a physician before beginning this activity. As a participant, I also assume knowledge of all rules for this activity.

Name (Please Print Legibly)	UIN #	Phone #	E-mail address	Participants Signature
Jon Doe	00123456	555-1234	jdoe@odu.edu	Jon Doe