

**Old Dominion University
Recreational Sports 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: ____

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

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

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