PROGRAM REGISTRATION FORM:
Group Exercise & Fitness
Outdoor Recreation
Recreation Instruction

UNIVERSITY OF VIRGINIA
INTRAMURAL-RECREATIONAL SPORTS
434.924.3791
www.virginia.edu/ims

First Name	Last Name	Age	Sex	Home Phone	Work Phone

Local Mailing Address | City | State | Zip

Messenger Mail Address: | Department | PO Box # | E-Mail Address

PLEASE CHECK ALL THAT APPLY:

UVA Student

___1 yr ___2 yr ___3 yr ___4 yr

___5 yr ___Graduate

Recreation Member

___Faculty ___Staff ___Spouse ___Other

Non-Member

___Faculty ___Staff ___Spouse ___Other

Is this your first time participating in an IM-Rec Sports Program? ___Yes ___No

How did you learn about our classes or programs?

___Newspaper Ad ___Web Site
___Program Schedule ___Radio
___Bulletin Board ___E-mail
___Other: _____

Activity Description	Days/Times	Fee
TOTAL		

Make checks payable to UVA Intramurals

Office Use Only: Access/Drop-in Card #: _____

Staff Name:_____

Risk of Injury to Participants: I understand that participation in any physical activity involves inherent risk and that even when safety precautions are utilized, injuries can occur. I also understand that if I experience unusual pain or physical discomfort during participation in any activity, I will decrease or stop exercising and inform the instructor of my symptoms. I am aware that personal health/accident insurance is my responsibility. I claim that to the best of my knowledge, I do not have any medical/physical disability that will preclude my safe participation in this program.

Signature _____ Date _____

(signature required to validate registration)

VALIDATE HERE: