PRINT CLEARLY & LEGIBLY:

(Print) Name: ______________________________   ______________________________   __________

LAST          FIRST      MI

STUDENT ID #: ______________________________

EMAIL: ________________________@hawaii.edu

KapCC Credit Hrs for SPR 2017 ____ T-Shirt Size (circle one):  Med   Large   XLarge

Cumulative KapCC grade point average (GPA) as of FALL 16 ____________________________________

Mark an “X” in the box by the KapCC intramural sport(s) you would like to register for:

<table>
<thead>
<tr>
<th>“X”</th>
<th>INTRAMURAL SPORTS</th>
<th>REGISTRATION PERIOD</th>
<th>STARTING DATE (TENTATIVE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>Basketball</td>
<td>January 9 – January 20</td>
<td>February 2 – March 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>*</td>
<td>Softball</td>
<td>January 9 – January 30</td>
<td>February 7 – February 28</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*</td>
<td>Volleyball</td>
<td>January 9 – March 17</td>
<td>April 5 – May 3</td>
</tr>
</tbody>
</table>

* Mandatory managers meeting at KCC Campus for all teams in the following sports:
  - Basketball  - Tuesday, January 16/23, 2017 @ 10:00–11:00am in Iliahi 123c (TBA)
  - Softball    - Tuesday, January 30, 2017 @ 10:00–11:00am in Iliahi 123c (TBA)
  - Volleyball  - Tuesday, March 20, 2017 @ 10:00–11:00am in Iliahi 123c (TBA)

SPORTS: Basketball
LOCATIONS: Aiea District Gym
TIMES: Thursdays from 7:15pm–9:15pm

SPORTS: Softball
LOCATIONS: Moanalua Community Park in Salt Lake
TIMES: Tuesdays from 6:30pm–9:30pm

SPORTS: Volleyball
LOCATIONS: Pearl City District Gym
TIMES: Wednesdays from 6:00pm–9:00pm
KAPCC INTRAMURAL SPORTS
Student Eligibility Criteria

1. Be enrolled in a **minimum of six (6) credits** at KapCC for the SPRING 2017 semester.

2. Have at least a **2.0 cumulative grade point average (GPA)** as of FALL 2016 (not on academic probation or academic suspension).

3. **Submit the application in-person by the designated sign-up deadline** as indicated on the KCC intramural sports application form and **show a validated KapCC Student ID card** for enrollment verification at time of application.

4. **May be restricted** to less intramural sports than selected in the application to maximize the number of KapCC students able to participate.

5. **Demonstrate good behavior at all times** during KapCC Intramural Sports events. Failure to do so will result in expulsion from this sports program, and may result in further disciplinary action as determined by the KapCC Student life Coordinator and/or the LCC Student Life Coordinator. **Their decision is final.**

**Note:** If the number of applications exceeds the number of openings allocated to KapCC students for a particular sport or team, there will be a lottery held by the OSA to decide the KapCC participants.

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**STUDENT CERTIFICATION STATEMENT**

I attest that I have read, understand and accept the cited eligibility criteria for participation in the KapCC Intramural Sports Program for SPRING 16. Additionally, I freely consent to sign the required Risk and Release form. Moreover, I affirm that the accompanying Student Application for KapCC Intramural Sports Program participation information and KapCC Intramural Sports Risk & Release Form are true and accurate. Furthermore, to help defray the cost of any $120 penalty fee for each game forfeiture during the sports season, I agree to make an initial $10 deposit for each intramural team sport for which I have signed-up. If additional funds for game forfeitures become necessary, I agree to pay a prorated share of any and all such game forfeiture penalty charges assessed to the KapCC intramural sport team captain, who is ultimately responsible to pay any $120 game forfeiture penalty. Otherwise, s/he will incur a UH financial obligation until paid in full. All students eligible for a refund of their $10 intramural team sport deposit must submit their claim with their receipt at the Office of Student Activities, during regular OSA hours, no later than two weeks after the completion of the particular intramural team sport in which they competed, or the $10 cash deposit becomes the property of the OSA.

___________________________________________________________   _________________________
APPLICANT'S SIGNATURE          DATE
Valid for all intramural sports for the SPRING 2017 semester:

• I understand that my participation in this activity is voluntary and I am physically fit to participate.

• I agree fully understand the written safety and other rules and precautions that are part of the requirements for my participation in the above referenced activity as well as those explained to me by my advisor(s).

• I do for myself, my heirs, executors, and administrators accept full responsibility for the indemnity, release, and discharge the University of Hawaii, its officers, agents, and employees from any and all claims of actions for property damage and/or personal injury in which may result from my failure to abide by these safety rules and precautions or from any inherent risk in said activity.

EMERGENCY CONTACT INFORMATION

Name (Print): __________________________________________________________________________

Physician’s Name: ______________________________ Phone Number: ______________________

MEDICAL INSURANCE (CHECK ONE OF THE FOLLOWING):

O My medical insurance carrier is: __________________________________________________

O I DO NOT HAVE medical insurance

IN CASE OF AN EMERGENCY PLEASE CONTACT THE FOLLOWING PERSON:

Name (Print):______________________________________ Relation: ___________________________

Home Phone Number: ______________________ Work Phone Number: ______________________

MEDICAL CONSENT:

O Yes, we (I), __________________________, do consent to authorize any medical doctor, dentist or others working under their supervision to treat ______________ for any injury or illness.

O No, we (I), __________________________, do not consent to or authorize any medical doctor, dentist, or others working under their supervision to treat____________________ for any injury or illness. Therefore, we (I) agree to assume the risk of any injury or damage from the lack of any medical treatment and further agree to release, discharge and hold harmless the State of Hawaii, its employees and agents from and against any liability and any claim or demand arising out of or in connection with said failure to provide any medical care or treatment.

Name (Print): ___________________________________ Student ID #: _______________________

Signature: ________________________________________________ Date: ___________________

PARTICIPANT UNDER THE AGE OF 18 REQUIRES PARENT OR GUARDIAN’S SIGNATURE

Parent/Guardian Signature: ______________________________________ Date: __________________

Home Address: ___________________________________ Phone Number: ______________________

__________________________________
I authorize Kapi‘olani Community College Office of Student Activities (OSA) to photograph or videotape me and consent to the use of my likeness in any and all publications, educational material, research, advertising, news media, video, and World Wide Web materials; and I acknowledge the College’s right to crop and treat the photograph and/or video at its discretion. I further understand and agree that these materials may be kept on file and/or be used by Kapi‘olani Community College for potential future uses and further agree to release the College from any and all liability arising from or in connection with taking, use, publication, or dissemination of such materials.

PRINT CLEARLY & LEGIBLY:

NAME: _______________________________________________________________________________

SIGNATURE: __________________________ DATE: __________________________

Choosing to not sign this release will result in your not being able to participate in the OSA activity/event for which this form has been designated.

*Please have all participating members fill out the Photo release form