NYCC Department of Health & Fitness Education

2013 Spring NYCC Monday Night
Open Golf League - 2 Player Scramble
@ Executive Links Golf Course
Registration Deadline: Friday, May 10th, 2013

What you need to register:
1. Completed roster, conduct and participation waiver (signed by both players)
2. Team Registration Fee (used league prizes) Students: $35.00/person, Community Members: $45.00/person.
Payable at the Athletic Center office room 102 weekdays between 8:30 am and 4:30 pm
*Weekly Greens Fee: $7.00/person
**Fees do not include cart and driving range tokens

Where you need to register:
Bring your completed golf registration form and fee to the Main Office of the Athletic Center (Room 102) from 8:30am-4:30pm on weekdays. Drop your completed roster and forfeit fee in the drop box after 4:30 pm weekdays or on weekends. **Registration form on back or located at the Athletic Center

Format: Round robin league, top four teams qualify for playoffs.
9 holes, 2 person scramble played at Executive Links Golf Course, USGA rules apply.

Roster Size: 2 player team Maximum 14 teams allowed

Eligibility: All NYCC students, faculty, staff, & community members

Schedule: Tee times are Mondays 4:30 pm - 6:15 pm

The first match of the season will be on May 20th, 2013

Mandatory League Meeting:
Monday May 20th @ 4:30pm
Teams must attend a mandatory meeting to discuss the league rules and review the team responsibilities.

For More Information:
See the Intramural Bulletin Board (in the Athletic Center), Intramural Sports on NYCC online, or contact Heather Olsen, Assistant Director of Recreational Services at 568-3257. You can also call the Athletic Center Main Office weekdays 8:30am-4:30pm at 568-3254 or 568-3255.
NEW YORK CHIROPRACTIC COLLEGE
DEPARTMENT OF HEALTH & FITNESS EDUCATION

INTRAMURAL GOLF
CONDUCT AND PARTICIPATION WAIVER FORM

TEAM NAME: ___________________________ TEAM CAPTAIN: ___________________________

TELEPHONE: ___________________________ LEAGUE: ___________________________

TEAM MEMBERS: EXECUTIVE LINKS MEMBER

1.) ___________________________ YES NO
   NAME SIGNATURE (Circle one) STUDENT FACULTY STAFF COMMUNITY

2.) ___________________________ YES NO
   NAME SIGNATURE (Circle one) STUDENT FACULTY STAFF COMMUNITY

This certifies that I know and understand the intramural game, eligibility and conduct rules and I will completely check the eligibility of all players on my team as well as inform them of game and conduct rules. If there is a discrepancy, I will assume full responsibility. I understand that failure to comply will result in disciplinary action as outlined in the rules and regulations.

The above named participants warrant being physically fit to participate and understand the choice to participate brings with it the assumption of those risks and results which are part of their participation.

They furthermore waive and release the New York Chiropractic College and their staff from any and all liability for injuries which may occur while participating in the above intramural and will hold the New York Chiropractic College and its staff harmless for any and all medical expenses incurred.

CAPTAIN’S SIGNATURE: ___________________________

Office Use ONLY
Registration Fee Received
Name: ___________________________ Amount: ___________________________ Box# ___________
Sport: ___________________________ Receipt # ___________________________
Name: ___________________________ Amount: ___________________________ Box# ___________
Sport: ___________________________ Receipt # ___________________________
Date: ___________________________