4 ON 4 VOLLEYBALL

UNIVERSITY OF IDAHO

ENTRY DEADLINE: Monday, March 5th
Student Recreation Center by 6pm

FORMAT: League followed by Single Elimination Tournament

SCHEDULES AVAILABLE: Tuesday, March 6th, at Captains’ Meeting in the SRC Classroom at 4pm

PLAY BEGINS: Monday, March 19th in PEB Large Gym.

Entry Fee: $10.00

1. Check your Intramural Handbook in regard to eligibility, protests, rescheduling, etc.

2. Each organization may enter as many teams as they wish.

3. Team sports are organized using Instant Scheduling, which is a method in which teams select the day they desire to play on a first come - first served basis. Entries for team sports will open one week before the entry deadline.

4. Complete schedules and rules will be available on Tuesday, March 6th at the Captain's Meeting in the Student Recreation Center Classroom at 4:00 pm.

5. Teams not represented at the Captain's Meeting will be ineligible for the playoffs regardless of their record!

6. An individual may play on only one team. Only one club sport team member is allowed. An illegal player will force a team to forfeit. **A participant may play on a gender specific and a Co-Rec Team**.

7. Please read the attached forfeiture agreement, participation agreement and roster information and return with signatures to the Campus Recreation Office in the Student Recreation Center by Monday, March 5th.
FORFEITURE AGREEMENT

1. I hereby grant Intramural Sports permission to charge a fee to my University account in the event that my intramural team forfeits its scheduled game. The first forfeit will cost me $35.00, however, my team will still be eligible to finish league play. My team's second forfeit will cost me an additional $35.00 ($70.00 total) and disqualify my team from further competition.

2. I understand that this team must be represented at the Captain's meeting or we will not be eligible for the playoffs. I am also fully aware of the player eligibility rules enforced by Intramural Sports. There are no members of this team who are ineligible or who are playing this same sport on another Intramural team.

CAPTAIN'S NAME_______________________ STUDENT ID # __________________
(Must Present Current U of I ID When Registering)

SIGNATURE________________________________ TELEPHONE # _________________

EMAIL_______________________________

**PLEASE RETURN TO CAMPUS RECREATION WITH TEAM ROSTER.

Leagues available Monday & Tuesday

Day preferred: Please number day preference in order, 1 being most preferred, 2 least preferred
____ Monday ______ Tuesday

For Office Use Only:
☐ Signed (2) ☐ Day __________________
☐ League ________________ ☐ ID Checked
Initial _______________
CIRCLE ONE: MEN
CIRCLE ONE: WOMEN
CIRCLE ONE: CO-REC
CIRCLE ONE: RESIDENT HALL
CIRCLE ONE: GREEK
CIRCLE ONE: INDEPENDENT

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**TEAM CAPTAIN OR MANAGER**

As captain/Manager of this team, I have had each player read and sign the Registration Permission and Waiver form before participating in this Intramural Sport activity. Further, I have read and explained Intramural Sport rules and particular hazards which could occur from participation in this Intramural Sport event or activity.

SIGNATURE_______________________________________________

DATE____________________

EMAIL_____________________________________________

PHONE#___________________________