INTRAMURAL SPORTS  
Summer 2018

4 ON 4 Sand Volleyball  
2nd Season

ENTRY DEADLINE: Thursday, July 12th Campus Rec Office by 4:30pm

FORMAT: League followed by single elimination tournament

SCHEDULES AVAILABLE: Friday, July 13th

PLAY BEGINS: Monday, July 16th

COST: FREE

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

2. All games will be played at the Wallace Sand Volleyball Complex just southwest of the Student Recreation Center.

3. Complete schedules and rules will be available when you turn in your roster to the Student Recreation Center.

4. Rules will be discussed before the start of games.

5. Please complete the attached roster, if new players need to added, please see the court supervisor.

6. New players who become eligible during the season must add their signature to the roster a minimum of 24 hours before participating. No new players may be added during playoffs.

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 THURSDAY, July 12th by 4:30pm.
TEAM NAME

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______________________
VANDAL ID # _____________
(Must Present Vandal Card When Registering)

SIGNATURE_________________________
TELEPHONE # ______________________

EMAIL ADDRESS_______________________________

**PLEASE RETURN TO CAMPUS RECREATION WITH TEAM ROSTER.**

For Office Use Only:
Signed (2)
ID Checked
Initial ____________
TEAM NAME_____________________________________________________________
(PLEASE PRINT)

CIRCLE ONE:  COMPETITIVE                RECREATIONAL

CIRCLE ONE:  MEN                WOMEN                Co-Rec

TEAM PARTICIPANTS ROSTER

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TEAM CAPTAIN OR MANAGER

As captain/Manager of this team, I have informed each player read and sign the Intramural Sports 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#____________________

uidaho.edu/intramurals  University of Idaho  Phone: (208) 885-6381

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