

# 3 on 3 Basketball

## Men's/Women's Living Group Point Sport

**Entry Deadline:**

Tuesday, October 22nd  
Campus Recreation by 7:00pm  
**COST \$5 PER TEAM**

**Format:**

Round Robin League –  
Single elimination tournament to follow

**Schedules Available:**

Wednesday, October 23rd at Captains meeting  
In the SRC Campus Recreation Classroom 4 pm

**Play Dates:**

Sun Oct 27th, Sun Nov 3rd, Sun Nov. 10<sup>th</sup>

- Check your Intramural Sports Handbook in regard to eligibility, protests, rescheduling, etc.
- An individual may play on only one team. Each team will provide a scorekeeper.
- Complete schedules and rules will be available on Wednesday, October 23, 4pm SRC Classroom
- Intramural Sports cannot guarantee any schedule preferences. Play is dictated by demand, facilities, and personnel. Teams *should expect* to play at least two games each Sunday.
- New players who become eligible during league play must add their signature to the roster before playoffs begin. ***No new players may be added after Nov 3.***
- Hazards: Risks of participating in Intramural 3-ON-3 Basketball include, but are not limited to: ankle and knee sprains/strains, finger and knee dislocations, wrist sprain, shoulder strain, eye and mouth lacerations, and bruises.
- Please read the attached forfeiture agreement, participation agreement and roster information and return with signatures to the Campus Recreation Office by TUE, October 22nd.



# 2013 INTRAMURAL SPORTS 3-ON-3 BASKETBALL

UNIVERSITY OF IDAHO

INTRAMURAL SPORTS

TEAM NAME \_\_\_\_\_

## FORFEITURE AGREEMENT

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 \$30.00, however, my team will still be eligible to finish league play. My team's second forfeit will cost me an additional \$30.00 (\$60.00 total) and disqualify my team from further competition.

CAPTAIN'S NAME \_\_\_\_\_ STUDENT ID # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

\*\* PLEASE RETURN TO CAMPUS RECREATION WITH TEAM ROSTER BY TUE, OCT 22, 7:00 PM.

For Office Use Only:

Signed (2)

ID Checked

Initial \_\_\_\_\_

PAID

PLEASE PRINT

TEAM NAME \_\_\_\_\_

CIRCLE ONE: COMPETITIVE RECREATIONAL

CIRCLE ONE: MENS WOMEN

CIRCLE ONE: GREEK INDEPENDENT RESIDENT HALL \_\_\_\_\_

TEAM PARTICIPANTS ROSTER

	PRINT NAME	PHONE NUMBER	"X" Waiver On File
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

**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# \_\_\_\_\_