CO-REC FLOOR HOCKEY

Co-Rec Teams Only

Entry Deadline:
Wednesday, October 16th
Campus Recreation by 7:00pm

Format:
Round Robin League –
Single elimination post-season tournament

Schedules Available:
Thursday, October 17th at Captain's Meeting
in the SRC Classroom at 7:00pm.

Play Begins:
Tuesday, October 22nd

- Entry fee of $5 per team.
- **Teams not represented at the Captain's Meeting will not be eligible for playoffs!**
- Entries open one week before the entry deadline.
- Rules and schedules will be available on Thursday, October 17th in the SRC Classroom at 7:00pm.
- Co-Rec Floor Hockey teams require 5 on the court. You may begin the game with 4.
- **Risks of participating in Intramural Co-Rec Floor Hockey include, but are not limited to: shoulder dislocation, head and face lacerations, ankle sprain/strain, knee sprain/strain, bruises, fractures, and head injuries and/or knockout.**
- Please read the attached forfeiture agreement, participation agreement and roster and return with signatures to the Campus Recreation Office by 7:00 pm Wednesday, October 16th.
- New players who become eligible during the season must add their signatures to the roster a minimum of 24 hours before participating. No new player additions after the last league game.
- Visit the Campus Recreation site for the Intramural Handbook for eligibility and other important information http://www.campusrec.uidaho.edu
- All players must have a waiver on file to be eligible

CAMPUS REC
INTRAMURAL SPORTS
uidaho.edu/intramurals
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2013 INTRAMURAL CO-REC FLOOR HOCKEY

UNIVERSITY OF IDAHO INTRAMURAL SPORTS

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 $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.

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.

_____ _____

Print Captain's Name

Student/Faculty/Staff ID Number
(Must present current U of I ID when registering)

_____ _____

Signature

Phone Number

_____

Email

**PLEASE RETURN TO CAMPUS RECREATION WITH TEAM ROSTER.

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

____ Wednesday

For Office Use Only:

☐ Signed (2) ☐ Day _____
☐ League _____ ☐ ID Checked
Initial _____ ☐ Paid _____

UNIVERSITY OF IDAHO INTRAMURAL SPORTS

PLEASE PRINT
TEAM NAME_____

CIRCLE ONE: COMPETITIVE RECREATIONAL

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#_____