# 3 on 3 Basketball

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

**Entry Deadline:**
Tuesday, October 16th
Campus Recreation by 7:00pm
**COST $5 PER TEAM**

**Format:**
Round Robin League –
Single elimination tournament to follow

**Schedules Available:**
Wednesday, October 17th at Captains meeting
In the SRC Campus Recreation Classroom 4 pm

**Play Dates:**
Sun Oct 21st, Sun Oct. 28th, Sun Nov. 4th

- 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 Tuesday, October 17, 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 Oct. 28th.***
- 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 16th.

CAMPUS REC
INTRAMURAL SPORTS
uidaho.edu/intramurals

# 2012 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, OCTOBER 16, 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: RESIDENT HALL GREEK INDEPENDENT

TEAM PARTICIPANTS ROSTER

| | PRINT NAME | PHONE NUMBER | "X" Waiver On File |
|---|---|---|---|
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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#_____