# 4 on 4 Sand Volleyball Tournament

## Men's/Women's/Open(Co-rec)

**Entry Deadline:**
Thursday, August 23
Campus Recreation by 7:00pm
Entry form must include $5.00 payment

**Format:**
Dependent on number of entries

**Schedules Available:**
Friday, August 24 on IM Bulletin Board, SRC

**Play Begins:**
Saturday, August 25

- Students, Faculty and Staff may play on one gender specific and one co-rec team, but players may have conflicting game times.
- Entries open one week before the entry deadline.
- Rules and schedules will be available on Friday, August 24 on Intramural Bulletin Board, SRC.
- Minimum of 3 people to start, Men's, Women's and Open Divisions – Open is co-rec and only gender requirement is one male one female but minimum three players.
- Risks of participating in Intramural Volleyball 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 to the **Campus Recreation Office by 7:00 pm Thursday, August 23**.
- 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.
- All participants must have a signed waiver on file with Campus Recreation.

CAMPUS REC
INTRAMURAL SPORTS
uidaho.edu/intramurals

# 2012
# 4 on 4 SAND VOLLEYBALL TOURNAMENT

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 BY THURSDAY AUGUST 26.

For Office Use Only:
☐ Signed (2) ☐ Day _____
☐ **Paid**
☐ League _____ ☐ ID Checked

Initial _____

UNIVERSITY OF IDAHO INTRAMURAL SPORTS

PLEASE PRINT

TEAM NAME_____

CIRCLE ONE MEN WOMEN

CIRCLE ONE GREEK INDEPENDENT RESIDENCE HALL _____

CIRCLE ONE COMPETITIVE RECREATIONAL

**NOTE: My signature on this roster indicates that I have read the agreement form and that I fully understand and accept all aspects of the Intramural Entry form. My signature also indicates that my Intramural Sport team or living group captain or manager have read and explained Intramural Sport rules and particular hazards which could occur from participation in this Intramural Sports event or activity.**

| PRINT NAME | SIGNATURE | STUDENT ID # | PHONE NUMBER |
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## TEAM CAPTAIN OR MANAGER

**As captain/Manager of this team, I have had each player read this form and sign this roster 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#_____