

Intramural Volleyball League

Men's/Women's

Entry Deadline:

Tuesday, October 9th
Campus Recreation by 7.00pm
COST IS \$5 PER TEAM

Format:

Round Robin League –
Single elimination post-season tournament

Schedules Available:

Thursday, October 11th at
Captains Meeting in the SRC Classroom 6:00pm.

Play Begins:

Monday October 15th

- Cost is \$5 per team
- **Teams not represented at the Captain's Meeting will not be eligible for playoffs!**
- Each organization may enter as many teams as they wish, but only one competitive team will be designated as the Intramural Point team.
- Entries open one week before the entry deadline.
- Rules and schedules will be available on Thursday, October 11th in the SRC Classroom at 6:00pm.
- Volleyball teams must start with a minimum of 5 players. Captains are responsible for eligibility of players. Please refer to IM Handbook for details.
- 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 signatures to the Campus Recreation Office by 7:00 pm Tuesday October 9th.



2012 INTRAMURAL VOLLEYBALL

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, 4 least preferred

____ Monday	____ Wednesday
____ Tuesday	____ Thursday

For Office Use Only:

<input type="checkbox"/> Signed (2)	<input type="checkbox"/> Day _____
<input type="checkbox"/> League _____	<input type="checkbox"/> ID Checked
Initial _____	<input type="checkbox"/> 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
1.			
2.			
3.			
4.			
5.			
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11.			
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13.			
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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# _____