Flag Football League
Men’s/Women’s Divisions
Competitive/Recreational Leagues
Living Group Point Sport

Entry Deadline:
Wednesday, September 6th
Campus Recreation by 6:00pm
Entry form must include $10.00 payment

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

Schedules Available:
Thursday, September 7th at Captain’s Meeting
in the SRC Classroom at 4:00pm.

Play Begins:
Monday, September 11th

- 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.

- Rules and schedules will be available on Thursday, September 7th, in the SRC Classroom at 4:00pm.

- Flag football teams require 7 on the field. You may begin the game with 5. Teams will play 4 to 5 games all teams with .500 records and better with 2.85 sportsmanship average will make postseason.

- Please read the attached forfeiture agreement, participation agreement and roster and return with signatures to the Campus Recreation Office by 6:00 pm Wednesday, September 6th.

- New players who become eligible during the season must add their names to the roster a minimum of 24 hours before participating. No new player additions after the last league game.

- Each individual will need a wavier on file with the Campus Recreation office before playing. Waivers available in the Campus Recreation Office, SRC Atrium, on line at the Intramural website or at the contest site.
2017 FLAG FOOTBALL

UNIVERSITY OF IDAHO

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 $35.00, however, my team will still be eligible to finish league play. My team's second forfeit will cost me an additional $35.00 ($70.00 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.

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<th>Day preferred: Please number day preference in order, 1 being most preferred, 4 least preferred</th>
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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.

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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#____________________