OUTDOOR 3 on 3 Basketball
Men’s/Women’s

Entry Deadline:
Thursday, September 14th
Campus Recreation by 6:00pm
COST $10 PER TEAM

Format:
Depends on Number of Teams

Schedules Available:
Friday September 15th
Team Captains will be called with first game time

Play Dates:
Sunday, September 17th

- 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 Friday September 15th, posted on the Intramural Bulletin Board at the Student Recreation Center.

- 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 day.

- New players who become eligible during league play must add their signature to the roster before playoffs begin.

- 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 Thursday September 14th.
2017 INTRAMURAL SPORTS
Outdoor 3-ON-3 BASKETBALL

UNIVERSITY OF IDAHO

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 $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.

CAPTAIN'S NAME _______________________STUDENT ID #  ___________________

SIGNATURE ____________________________TELEPHONE #  ___________________

EMAIL ADDRESS____________________________________________________________

**PLEASE RETURN TO CAMPUS RECREATION WITH TEAM ROSTER BY 9/14/17, 6:00 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: GREEK INDEPENDENT RESIDENT
HALL __________________

TEAM PARTICIPANTS ROSTER

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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#_________________________