Soccer League
Men’s/Women’s Leagues
Living Group Point Sport

Entry Deadline:
Wednesday, August 30th
Campus Recreation by 6:00pm
Entry form must include $10.00 payment

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

Play Begins:
Wednesday, September 6th

Schedules Available:
Thursday, August 31st, at Captain’s Meeting
in the SRC Classroom at 4:00pm.

- Teams not represented at the Captain’s Meeting will not be eligible for playoffs!

- Rules and schedules will be available on Thursday, August 31st, at Captain’s Meeting in the SRC Classroom at 4:00pm.

- Soccer teams require 6 on the field. You may begin the game with 4. Teams will play 4 to 5 games all teams with .500 records and better with 2.85 sportsmanship average will make postseason.

- Risks of participating in Intramural Soccer 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 to the Campus Recreation Office by 6:00 pm Wednesday, August 30th.

- 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.

- Each individual will need a waiver 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.
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 AND PAYMENT.

Day preferred: Please number day preference in order, 1 being most preferred, 2 least preferred

☐ Wednesday

☐ Thursday

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.

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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#____________________