Ultimate Frisbee League
Men’s/Women’s Leagues
Competitive and Recreation Divisions

Entry Deadline:
Tuesday, August 29th
Campus Recreation by 6:00pm
Entry form must include $10.00 payment

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

Schedules Available:
Wednesday, August 30th, at Captain’s Meeting
in the SRC Classroom at 5:00pm.

Play Begins:
Tuesday, September 5th

- Teams not represented at the Captain’s Meeting will not be eligible for playoffs!
- Rules and schedules will be available on Wednesday, August 30th in the SRC Classroom at 5:00pm.
- Each organization may enter as many teams as they wish, but only one competitive team will be designated as the Intramural Point team.
- Ultimate Frisbee 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.
- Risks of participating in Intramural Ultimate Frisbee 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 6:00 pm Tuesday, August 29th
- 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)

______________________________ Phone Number ________________________________

______________________________ Email ________________________________

**PLEASE RETURN TO CAMPUS RECREATION WITH TEAM ROSTER.

Day preferred: Please number day preference in order, 1 being most preferred, 3 least preferred

☐ Sunday ☐ Tuesday

☐ Monday

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#_____________________