WHIFFLEBALL LEAGUE
Men’s/Women’s Leagues
Living Group Point Sport

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 4:00pm.

Play Begins:
Tuesday, Sept 5th

- Teams not represented at the Captain’s Meeting will not be eligible for playoffs!
- Living Group Point Sport
- 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 Wednesday, August 30th, in the SRC Classroom at 4:00pm.
- Whiffle Ball teams require 4 on the field. You may begin the game with 3. 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 on 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)

__________________________________________
Signature                                    Phone Number

__________________________________________
Email

**PLEASE RETURN TO CAMPUS RECREATION WITH TEAM ROSTER.

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

___ Tuesday
___ Wednesday

For Office Use Only:
☐ Signed (2)  ☐ Day _____
☐ Paid (2)
☐ 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#_______________________