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

Entry Deadline:
Tuesday, August 28th
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 29th, at Captain’s Meeting
in the SRC Classroom at 4:00pm.

Play Begins:
Tuesday, September 4th

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

- Rules and schedules will be available on Wednesday, August 29th in the SRC Classroom at 4:00pm.

- 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 28th

- 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.
2018 ULTIMATE FRISBEE

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.

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#_____________________