INTRAMURAL SPORTS
4 ON 4 VOLLEYBALL Fall 2020

UNIVERSITY OF IDAHO

ENTRY DEADLINE: Tuesday, October 20th
Student Recreation Center by 9pm

FORMAT: League followed by Single Elimination Tournament

SCHEDULES AVAILABLE: Wednesday morning, schedule and rules will be sent out via email

PLAY BEGINS: Wednesday, October 21 in PEB Large Gym.

Entry Fee: $30.00

1. Check your Intramural Handbook in regard to eligibility, protests, rescheduling, etc.

2. Each organization may enter as many teams as they wish. Players can play on 1 gender specific and 1 co-rec team.

3. Team sports are organized using Instant Scheduling, which is a method in which teams select the day they desire to play on a first come - first served basis. Entries for team sports will open one week before the entry deadline.

4. Complete schedules and rules will be available on Wednesday Oct 21 via email.

5. An individual may play on only one team. Only one club VB sport team member is allowed. An illegal player will force a team to forfeit. **A participant may play on a gender specific and a Co-rec Team**.

6. Please read the attached forfeiture agreement, participation agreement and roster information and return with signatures to the Campus Recreation Information Desk in the Student Recreation Center by Tuesday Oct 20th by 9p.

COVID PROCEDURES:
1. All participants will wear face coverings throughout the duration of the match
2. Volleyballs and other shared equipment will be sprayed down in between games and matches.
3. All participants will sanitize their hands before playing.
4. Maximum of 6 players per team, no other spectators unless approved.
5. Extra time will be used to decrease amount of people in the gym.
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 $40.00, however, my team will still be eligible to finish league play. My team's second forfeit will cost me an additional $40.00 ($80.00 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.

CAPTAIN'S NAME_______________________ STUDENT ID # __________________
(Must Present Current U of I ID When Registering)

SIGNATURE__________________________ TELEPHONE # __________________

EMAIL_____________________________

**PLEASE RETURN TO CAMPUS RECREATION WITH TEAM ROSTER.

Leagues available Wednesday/Thursday

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

For Office Use Only:
☐ Signed (2) ☐ Day _______________
☐ League _______________ ☐ ID Checked
Initial __________
PLEASE PRINT
TEAM
NAME__________________________________________________________

CIRCLE ONE: RESIDENT HALL GREEK INDEPENDENT
CIRCLE ONE: MEN WOMEN CO-REC

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#___________________________