5 on 5 INTRAMURAL FLAG FOOTBALL

ENTRY DEADLINE: Tuesday, April 6; SRC Information Desk by 9pm

SCHEDULES AVAILABLE: Thursday, April 8 8p at Captain’s Meeting on Zoom, Captains will be emailed and on zoom link

FORMAT: Two regular season games followed by single elim tourney

Entry Fee: $40.00

Covid Procedures:

1. All players will wear face coverings while playing, benches will be provided in an area away from the field for breaks to social distance with a mask.
2. All players will sanitize hands before the start of the game.
3. The football and flags will be sanitized between games and during breaks.
4. Games will be scheduled to reduce traffic.
5. Only players active in the game will be allowed, only 8 players max per team.

1. Check your Intramural Sports Handbook in regard to eligibility, protests, rescheduling, etc.
2. Each organization may enter as many teams as they wish.
3. Complete schedules and rules will be available on Thursday, April 8 at the Captain's Meeting on zoom at 8:00 pm.
4. Hazards: Risks of participating in Intramural 5 on 5 Flag Football 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 knock-out.
2021 5 ON 5 INTRAMURAL FLAG FOOTBALL

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 $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.

__________________________________  _______________________________________
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.
Games will be played Saturday and Sunday

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

For Office Use Only:
☑ Signed (2)        ☐ Day ________________
☐ League ____________  ☐ ID Checked
Initial ____________

☐ Monday     ☐ Tuesday
CIRCLE ONE: MEN  WOMEN

CIRCLE ONE: RESIDENT HALL  GREEK  INDEPENDENT

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#___________________________