

INTRAMURAL SPORTS

Fall 2022

FLAG FOOTBALL LEAGUE

Men's/Women's Divisions

Competitive/ Recreational Leagues

Living Group Point Sport

Entry Deadline:

Wednesday, September 7^h
Campus Recreation and Wellbeing by 10:00pm
Entry form must include \$40.00 payment

Format:

Round Robin League –
Single elimination post-season tournament

Schedules Available:

Thursday, September 8th at Captain's Meeting
in the SRC Classroom at 4:00pm.

Play Begins:

Monday, September 12^h around 5:15pm some
games will begin at 4:15pm

- Teams not represented at the Captain's Meeting will not be eligible for playoffs.
- Each organization may enter as many teams as they wish, but only **one** team will be designated as the Intramural Point team.
- Rules and schedules will be available on Thursday, September 9, in the SRC Classroom at 4:00pm.
- Flag football 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 gold playoffs. Teams with a record below .500 with 2.85 sportsmanship average will make silver playoffs.
- Please read the attached forfeiture agreement, participation agreement and roster and return with signatures to the **Campus Recreation and Wellbeing Information Desk by 10:00 pm Wednesday, September 7th. Late entry forms will be subject to a \$25.00 late fee.**
- New players who become eligible during the season must **add their names** to the roster a minimum of 24 hours before participating. No new player additions after the last league game.
- Each individual will need a wavier on file with the Campus Recreation and Wellbeing office before playing. Waivers available in the Recreation and Wellbeing Office, SRC Atrium, on line at the Intramural website or at the contest site.

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University of Idaho
Recreation and Wellbeing

Phone: (208) 885-6381



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2022 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 SRC INFO DESK WITH TEAM ROSTER BY Wednesday, September 8^h 10p.

Day preferred: Please number day preference in order, 1 being most preferred, 4 least preferred

____ Monday

____ Wednesday

____ Tuesday

____ Thursday

For Office Use Only:

Signed (2)

Day _____

Paid

League _____ ID Checked

Initial _____

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UI Intramural Sports



University of Idaho
Recreation and Wellbeing

Phone: (208) 885-6381



Intramural_Sports_UIdaho

(Please Print)

Team Name _____

(Circle One) Men Women

(Circle One) Greek Independent Resident Hall _____

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.

Print Name	Phone Number	Waiver on File
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

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# _____