

INTRAMURAL SPORTS

Fall 2022

3 on 3 Basketball Tournament

Men's/Women's
Living Group Point Sport

Entry Deadline:

Wednesday, October 12th
Campus Recreation and Wellbeing by 10:00pm

COST \$20 PER TEAM

Format:

Round Robin League –
Single elimination tournament to follow

Schedules Available:

Thursday, Oct. 13th at Captains meeting
In the SRC Classroom 4 pm

Play Dates:

Tourney Start Sunday Oct. 16th

- Check your Intramural Sports Handbook in regard to eligibility, protests, rescheduling, etc.
- An individual may play on only one team. Each team will provide a scorekeeper.
- Complete schedules and rules will be available on Oct. 13th 4pm SRC Classroom
- Intramural Sports cannot guarantee any schedule preferences. Play is dictated by demand, facilities, and personnel. Teams *should expect* to play at least two games each Sunday.
- New players who become eligible during league play must add their signature to the roster before playoffs begin.
- Hazards: Risks of participating in Intramural 3-ON-3 Basketball include but are not limited to: ankle and knee sprains/strains, finger and knee dislocations, wrist sprain, shoulder strain, eye and mouth lacerations, and bruises.
- Please read the attached forfeiture agreement, participation agreement and roster information and return with signatures to the Campus Recreation and Wellbeing Information Desk by 10:00 pm on Wednesday, October 12th. **Late entry forms will be subject to a \$25.00 late fee.**

uidaho.edu/intramurals



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University of Idaho
Recreation and Wellbeing

Phone: (208) 885-6381



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2022 INTRAMURAL SPORTS 3-ON-3 BASKETBALL

TEAM NAME _____

FORFEITURE AGREEMENT

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.

CAPTAIN'S NAME _____ STUDENT ID # _____

SIGNATURE _____ TELEPHONE # _____

EMAIL ADDRESS _____

For Office Use Only:

- Signed (2)
- ID Checked

Initial _____

PAID _____

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Intramural_Sports_UIdaho

PLEASE PRINT:

TEAM NAME _____

CIRCLE ONE: MENS WOMEN

CIRCLE ONE: GREEK INDEPENDENT RESIDENT HALL _____

TEAM PARTICIPANTS ROSTER

| | PRINT NAME | PHONE NUMBER | "X" Waiver On File |
|----|-------------------|---------------------|---------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

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# _____