

INTRAMURAL SPORTS

Fall 2022

4 on 4 Sand Volleyball Tournament

Men's/Women's/Open (Co-rec)

Entry Deadline:

Thursday, August 25th
Recreation and Wellbeing by 10:00pm
Entry form must include \$10.00 payment

Format:

Dependent on number of entries

Schedules Available:

Friday, August 26th on IM Bulletin Board, SRC

Play Begins:

Saturday, August 27th around 10 am
depending on number of teams.

- Students, Faculty and Staff may play on one gender specific and one co-rec team, but players may have conflicting game times.
- Entries open one week before the entry deadline.
- Rules and schedules will be available on Friday, August 26th on Intramural Bulletin Board, SRC.
- Minimum of 3 people to start, Men's, Women's and Open Divisions – Open is co-rec and only gender requirement is one male one female but minimum three players.
- Please read the attached forfeiture agreement, participation agreement and roster and return with to the **Recreation and Wellbeing Information Desk by 10:00 pm Thursday, August 25th**.
- All participants must have a signed waiver on file with Recreation and Wellbeing.

uidaho.edu/intramurals



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University of Idaho
Recreation and Wellbeing

Phone: (208) 885-6381



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2022 4 on 4 SAND VOLLEYBALL TOURNAMENT

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.** If there is not a designated meeting, I will be provided the information by email. 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 Thursday AUGUST 26th.

For Office Use Only:

Signed (2)

Paid

League _____ ID Checked

Initial _____

uidaho.edu/intramurals



UI Intramural Sports



University of Idaho
Recreation and Wellbeing

Phone: (208) 885-6381



Intramural_Sports_UIdaho

PLEASE PRINT TEAM NAME _____

CIRCLE ONE MEN

WOMEN

CO REC/OPEN

CIRCLE ONE GREEK

INDEPENDENT

RESIDENCE 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 | "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 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# _____

