

INTRAMURAL SPORTS

Fall 2021

Soccer League

Men's/Women's Leagues

Living Group Point Sport

Entry Deadline:

Tuesday, August 31th

SRC FRONT DESK by 9:00pm

Entry form must include \$30.00 payment

Format:

Round Robin League –

Single elimination post-season tournament

Schedules Available:

Thursday, Sept 2, at 4p Captain's Meeting

Zoom available will be sent Thursday morning.

Play Begins:

Tuesday, Sept 7th @ 7pm

- Teams not represented at the Captain's Meeting will not be eligible for playoffs!
- Rules and schedules will be available on Thursday, Sept 2nd, at Captain's Meeting.
- Soccer teams require 6 on the field. You may begin the game with 4. Teams will play 3 to 4 games, all teams with .500 records and better with 2.85 sportsmanship average will make gold playoffs. All teams with a record less than .500 and a 2.85 sportsmanship average will make silver playoffs.
- Please read the attached forfeiture agreement, participation agreement and roster to the SRC Information Desk by 9p **Tuesday August 31st**. **Late entry forms will be subject to a \$25.00 late fee.**
- New players who become eligible during the season must add their signatures 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 Recreation and Wellbeing office before playing. Waivers available in the Campus Recreation and Wellbeing Office, SRC Atrium, online at the Intramural website or at the contest site.

Covid Procedures:

1. All players strongly encouraged to wear face coverings while playing, benches will be provided in an area away from the field for breaks to social distance without a mask.
2. All players will sanitize hands before the start of the game.
3. The soccer balls will be sanitized between games and during breaks. Please bring a dark/white shirt.
4. Games will be scheduled to reduce traffic.
5. Only players active in the game will be allowed, only 9 players max per team.

uidaho.edu/intramurals



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University of Idaho

Recreation and Wellbeing

Phone: (208) 885-6381



Follow us: UI Intramural Sports

2021 SOCCER

UNIVERSITY OF IDAHO

INTRAMURAL SPORTS

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 AND WELLBEING WITH TEAM ROSTER AND PAYMENT.**

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

For Office Use Only: <input type="checkbox"/> Signed (2) <input type="checkbox"/> Day _____ <input type="checkbox"/> PAID <input type="checkbox"/> League _____ <input type="checkbox"/> ID Checked Initial _____
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PLEASE PRINT

TEAM NAME _____

CIRCLE ONE MEN

WOMEN

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.			
7.			
8.			
9.			

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# _____