

INTRAMURAL SPORTS

Spring 2021

Ultimate Frisbee League

Men's/Women's Leagues
Competitive and Recreation Divisions

Entry Deadline:

Tuesday, March 23
SRC Information Desk by 9:00pm
Entry form must include \$30.00 payment

Format:

Round Robin League –
Single elimination post-season tournament

Schedules Available:

Thursday March 25th, at Captain's Meeting, Email
and zoom.

Play Begins:

Monday March 29 Kibbie Dome.

- Teams not represented at the Captain's Meeting will not be eligible for playoffs!
- Rules and schedules will be available on Thursday March 25th via email and zoom
- Each organization may enter as many teams as they wish, but only one team will be designated as the Intramural Point team.
- Ultimate Frisbee teams require 5 on the field. You may begin the game with 4 Teams will play 2 regular season games. All teams with .500 records or better with 2.85 sportsmanship average will make Gold Playoffs. Teams that finish below .500 records with 2.85 sportsmanship average will make silver playoffs.
- Please read the attached forfeiture agreement, participation agreement and roster and return with payment to the SRC Information Desk.

Covid Procedures:

1. Teams are allowed up to 7 players on site and rostered. 5 play on the field.
2. All players will wear masks during the game.
3. All shared equipment will be sanitized between games.
4. All players will enter and exit near the vehicle entry on the southeast corner of the Kibbie.

uidaho.edu/intramurals



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Phone: (208) 885-6381



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2021 ULTIMATE FRISBEE

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.**

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

____ Monday

____ Thursday

For Office Use Only:

Signed (2)

Day _____

Paid

League _____

ID Checked

Initial

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Intramural_Sports_UIdaho

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. | | |

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# _____