Intramural Volleyball League
Men’s/Women’s

**Entry Deadline:**
Wednesday, October 19th
SRC INFO DESK by 10:00pm

**Format:**
Round Robin League – Single elimination post-season tournament

**Schedules Available:**
Thursday, October 20th at Captains Meeting 4p

**Play Begins:**
Tuesday, October 25th PEB LARGE GYM

- Team Fee $30.00
- 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.
- Entries open one week before the entry deadline.
- Rules and schedules will be available on Thursday, October 20th in the SRC Classroom at 4:00pm.
- Volleyball teams must start with a minimum of 4 players. Captains are responsible for eligibility of players. Please refer to IM Handbook for details.
- Please read the attached forfeiture agreement, participation agreement and roster and return with signatures to the SRC Information Desk by 10:00 pm Wednesday, October 19th. **Late entry forms will be subject to a $25.00 late fee.**
- 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.

uidaho.edu/intramurals
University of Idaho
Recreation and Wellness
Phone: (208) 885-6381

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2022 INTRAMURAL VOLLEYBALL

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.

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 ______________
☐ League ______________   ☐ ID Checked
Initial ______________   ☐ Paid ______________
TEAM NAME___________________________________________________________________________

CIRCLE ONE:    MENS   WOMEN

CIRCLE ONE:    GREEK   INDEPENDENT   RESIDENT HALL__________________

TEAM PARTICIPANTS ROSTER

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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#___________________________