Intramural Volleyball League
Men’s/Women’s

Entry Deadline:
Wednesday, October 16th
Campus Recreation and Wellbeing by 10:00pm
tournament

Format:
Round Robin League –
Single elimination post-season

Schedules Available:
Thursday, October 17th at Captains Meeting
in the SRC Classroom 6:00pm.

Play Begins:
Monday October 21st

- 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 17th in the SRC Classroom at
6:00pm.
- 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 Campus Recreation and Wellbeing Information Desk by 10:00 pm
Wednesday October 16th. 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.
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, 4 least preferred

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For Office Use Only:

☐ Signed (2) ☐ Day ________________
☐ League ________________ ☐ ID Checked
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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#____________________________________________

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