WHIFFLEBALL LEAGUE

Men's/Women's Leagues
Living Group Point Sport

Entry Deadline:
Tuesday September 2nd
Campus Recreation by 6:00pm
Entry form must include $10.00 payment

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

Schedules Available:
Wednesday, September 3rd, at Captain's Meeting in the SRC Classroom at 5:00pm.

Play Begins:
Tuesday, Sept 9th

- **Teams not represented at the Captain's Meeting will not be eligible for playoffs!**
- **Living Group Point Sport**
- Each organization may enter as many teams as they wish, but only one competitive team will be designated as the Intramural Point team.
- Entries open one week before the entry deadline.
- Rules and schedules will be available on Wednesday, September 3rd, in the SRC Classroom at 5:00pm.
- Whiffle Ball teams require 4 on the field. You may begin the game with 3. Teams will play 4 to 5 games all teams with .500 records and better with 2.85 sportsmanship average will make postseason.
- Please read the attached forfeiture agreement, participation agreement and roster and return with signatures to the Campus Recreation Office by 6:00 pm **Tuesday September 2nd.**
- 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 Campus Recreation office before playing. Waivers available in the Campus Recreation Office, SRC Atrium, on line at the Intramural website or at the contest site.

CAMPUS REC
INTRAMURAL SPORTS
uidaho.edu/intramurals

2014 WHIFFLEBALL LEAGUE

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 $35.00, however, my team will still be eligible to finish league play. My team's second forfeit will cost me an additional $35.00 ($70.00 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 WITH TEAM ROSTER.

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

____ Tuesday

____ Wednesday

For Office Use Only:
☐ Signed (2) ☐ Day _____
☐ Paid (2)
☐ League _____ ☐ ID Checked

Initial _____

UNIVERSITY OF IDAHO INTRAMURAL SPORTS

PLEASE PRINT

TEAM NAME_____

CIRCLE ONE MEN WOMEN

CIRCLE ONE GREEK INDEPENDENT RESIDENCE HALL _____

CIRCLE ONE COMPETITIVE RECREATIONAL

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	SIGNATURE	STUDENT ID #	PHONE NUMBER

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#_____