INTRAMURAL SPORTS
Spring 2022

3 on 3 Basketball League
Men’s/Women’s
Living Group Point Sport

Entry Deadline: Wednesday, Jan 26th 10p
Campus Recreation and Wellbeing by 10:00pm
COST $30 PER TEAM

Format: Round Robin League –
Single elimination tournament to follow

Schedules Available: Thursday, Jan 27th at Captains meeting
In the SRC Classroom 4 pm

Play Dates: Start Sunday Jan 30th at 3p

- Check your Intramural Sports Handbook in regard to eligibility, protests, rescheduling, etc.

- An individual may play on only one team. Each team will provide a scorekeeper.

- Complete schedules and rules will be available on Wednesday 1st 4pm SRC Classroom

- Intramural Sports cannot guarantee any schedule preferences. Play is dictated by demand, facilities, and personnel. Teams should expect to play at least two games each Sunday.

- New players who become eligible during league play must add their signature to the roster before playoffs begin.

- Hazards: Risks of participating in Intramural 3-ON-3 Basketball include but are not limited to: ankle and knee sprains/strains, finger and knee dislocations, wrist sprain, shoulder strain, eye and mouth lacerations, and bruises.

- Please read the attached forfeiture agreement, participation agreement and roster information and return with signatures to the Campus Recreation and Wellbeing Information Desk by 10:00 pm on Wednesday, Jan 26th. Late entry forms will be subject to a $25.00 late fee.

uidaho.edu/intramurals

University of Idaho
Recreation and Wellbeing

Phone: (208) 885-6381

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2021 INTRAMURAL SPORTS 3-ON-3 BASKETBALL

TEAM NAME________________________________________________________

FORFEITURE AGREEMENT

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.

CAPTAIN'S NAME ________________________ STUDENT ID # ________________

SIGNATURE ____________________________ TELEPHONE # ________________

EMAIL ADDRESS________________________________________________________

For Office Use Only:
Signed (2)
ID Checked
Initial __________
PAID __________
PLEASE PRINT:

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#____________________________