

TOURNAMENT EVENT FORM

EVENT _____

Team Name _____

1) Team Captain _____

Main Phone _____

ASU E-mail Address _____

Cell Phone _____

Text Messages: YES NO

2) Alternate Team Captain _____

Main Phone _____

ASU E-mail Address _____

Cell Phone _____

Text Messages: YES NO

Please indicate the league your team represents:

____ Men's Independent

____ Women's Independent

All University Points

____ Men's Greek

____ Women's Greek

Yes

No

Organization Name: _____

Tournament play will consist of teams of **3 or more players** but with a time frame of **2-6 days of play**. Some events have pool play followed by tournament play. Some events have straight pool play. There are caps put on every event. **What is a cap?** This is the amount of teams we allow to sign up for a tournament event. In an event where we meet the cap any additional forms that are turned in will be put on a waiting list. If a team drops out the first team on the waiting list will be substituted in its place (same gender of course). To participate you **MUST** be available to play **ALL** of the times reserved for tournament play. There are **NO** days available to reschedule tournament games:

<u>Events</u>	<u>Cap</u>	<u>Registration opens/closes</u>
4-on-4 Bowling	20 teams	9/2-10/15
5-on-5 Floor Hockey	20 teams	11/3-11/11
7-on-7 Whiffleball	10 teams	11/3-11/19
5-on-5 Fall Basketball Classic	20 teams	11/3-11/19
4-on-4 Walleyball	10 teams	2/2-2/25
5-on-5 Indoor Soccer	20 teams	3/30-4/14
3-on-3 Basketball	20 teams	4/6-4/22

Players meeting dates, times, location, schedules, & rules can be found on the intramural web page at [http://:union.astate.edu/intramurals/](http://union.astate.edu/intramurals/)

IF YOU ARE SIGNING UP FOR A TOURNAMENT EVENT THAT CONSIST OF **3 OR MORE PLAYERS** PLEASE FILL THE ROSTER ON THE BACK. CAPTAINS MUST SIGN THE WAIVER ON THE BACK TO BE ABLE TO PARTICIPATE.

TOURNAMENT ROSTER

This certifies that I have read and understand the rules of player eligibility and the policies and procedures as outlined in the Intramural Sports Handbook. I certify that all information provided is complete and accurate and that all team members listed on the team roster are eligible for participation according to the rules of eligibility. By signing below I agree to field the minimum amount of players. I also understand that my team can be charged a forfeit fee if I can not field a team. By signing below I understand that it is my responsibility to get the team schedule to my team. I also understand that my team must be available for the entire tournament. I assume full responsibility for the accuracy of the information provided and for the eligibility and conduct of all listed team members. By signing the roster I agree to release, discharge, & hold harmless against the campus recreation department, Arkansas State University, and, all their agents & employees from claims on account of death, injuries, or for damage to personal property in connection with the activity. By signing below I recognize that this event is voluntary & I am not being forced to play. I also recognize that myself & my team members are in good health & have no physical condition that would prevent me from participating in the event(s).

Captain's Signature _____ Date _____

TO BE ADDED YOU MUST HAVE THE MINIMUM AMOUNT OF PLAYERS, PRINT CLEARLY & HAVE A VALID ASU ID

FIRST NAME	LAST NAME	ASU ID NUMBER
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

MAXIMUM AMOUNT OF PLAYERS THAT YOU CAN HAVE ON YOUR TOURNAMENT EVENTS ROSTER IS SIXTEEN (16). NO EXCEPTIONS!!!