



RECREATION & INTRAMURAL SERVICES

SPRING 2008

ULTIMATE FRISBEE TOURNAMENT

UB FOOTBALL STADIUM

THE SPRING 2008 ULTIMATE FRISBEE TOURNAMENT WILL CONSIST OF THE CONFERENCES AND DIVISIONS AS LISTED:

Conference	Division	Time	League	# of Teams
Sundays 4/6, 4/13 & 4/20	Co-Rec A	1:00 – 7:00pm	Carefree	8 teams

DESCRIPTION OF DIVISIONS

Co-Rec: The Co-Rec division is open to all current male and female UB students, faculty or staff. Co-Rec teams must have 2 females on the field at all times. **Faculty and Staff members must also be Recreation Permit Holders.**

DESCRIPTION OF LEAGUES

Carefree: Playing just for fun and winning is not as important as playing the game.

Conference and Division choices will be on a first come basis. As soon as your \$40.00 guarantee of appearance per team deposit, team captain's declaration, and completed roster form are submitted your team will be granted a spot in the conference and division of your choice, provided there is room remaining. Forms must be submitted to the Recreation Office located in room 130 in the Alumni Arena, Monday through Friday, between 9:30 am and 10:30 pm and Saturday and Sunday between 12:30 pm and 5:00 pm. **THE DEADLINE FOR ROSTER SUBMISSION IS FRIDAY, MARCH 21ST, 2008.** Tournament play is scheduled to begin Sunday, April 6th, 2008. Tournament will last three weeks and be played each Sunday. Schedules and rules may be obtained on the web at <http://www.ubrecreation.com/intramurals>.

Valid student, faculty or staff ID's are compulsory for all players

**UNIVERSITY AT BUFFALO
INTRAMURAL SERVICES**

INTRAMURAL TEAM DEPOSIT, REFUND AND AWARD POLICY

TEAM DEPOSIT

Teams wishing to participate in an Intramural event are requested to submit a Guarantee of Appearance per team deposit of \$40.00 per team) to the Recreation and Intramural Services' Office at 130 Alumni Arena, when entering their team's roster into a Conference. The \$40.00 represents that team's roster commitment to appear on time at all scheduled contests. The team captain or manager will be given a receipt that will indicate a refund pickup period. You MUST present your ORIGINAL RECEIPT when picking up your refund during the stated period (see TEAM REFUND below).

TEAM AWARDS

Awards are limited to the number of individuals on the roster up to a maximum of twelve (12).

THE INTRAMURAL SPIRIT OF PLAY

"Team sport activities find their origin in the basic human need for the spirit of play. Winning and losing are mere outcomes of this play spirit. Abusive language towards officials and manipulation of the rules are "not part of the game." What is part of the game is the pure satisfaction of participation, getting fit and enhancing friendships. Without your opponent, you have no game, no contest, and no fun. You are indebted to them, as they are to you. The spirit of play then is based on cooperation. Upholding high standards of integrity and fair play acknowledges this idea of cooperative play. All players are encouraged to exercise good judgment in caring for the safety of others as well as themselves. At the University at Buffalo an intentional foul is considered cheating and a gross offense against the spirit of play. The goal of lifetime sports for all players may have more meaning than that of a win or loss, the memory of which often fades quickly. All players are asked to participate within the context of this spirit of play."

Refunds must be picked up during office hours **Monday – Friday, 9:30 AM - 4:00 PM** between the dates of:

MONDAY, APRIL 28TH, 2008 through FRIDAY MAY 9TH, 2008 ONLY!!
(EXCLUDING SATURDAYS & SUNDAYS)

- *** Refunds after last date for pickup, cannot, under any circumstances be returned!!
- *** Refunds will only be returned upon presentation of your **ORIGINAL RECEIPT!**

OFFICE USE ONLY

Date Paid: _____

Receipt #: _____

Initials: _____



RECREATION & INTRAMURAL SERVICES

ULTIMATE FRISBEE RULES

Eligibility:

1. All players MUST be **CURRENT UB STUDENTS, FACULTY or STAFF**.
2. All players MUST have a valid UB Student, Faculty or Staff I.D. card at ALL games. **FACULTY/STAFF PLAYERS MUST BE RECREATION PERMIT HOLDERS.**
3. A team has until the start of the tournament to solidify its roster, at which time all player names and I.D. numbers MUST be submitted. All I.D. numbers will be checked.
4. A player cannot switch teams once they have played a game for any particular team.
5. A player can only play for one team per division.
6. Females can play on Men's division teams. There is just no minimum required as with Co-Rec.

Format:

1. Seven (7) players on the field per team. Five (5) players are required to avoid a forfeit. If, due to injuries, a team drops below five (5) players it may continue if the Referee feels they still have a chance to win.
2. The field of play is a rectangular area with dimensions as follows:
 - a. End zones : Two (2) 10 yard zones.
 - b. Play fields : 80 yards.
 - c. Play field size : 100 yards long by 40 yards wide.
3. Length of game:
 - a. Each game consists of two (2) halves.
 - b. Each half lasts **20 minutes** of running time.
 - c. Overtime: Two minutes of running time.

Scoring :

1. A goal is worth 1 point.

Mercy Rule :

1. If at anytime a team is 10 points ahead during the last 10 minutes of the second half.

Definitions:

1. Thrower: Offensive player in possession of the disc.
2. Marker: Defensive player that is guarding the thrower.
3. Receiver: Any offensive player not in possession of the disc.
4. Equipment: Shoes must be worn. Metal cleats, boots, and sandals are prohibited.

For a complete listing of UB Ultimate Frisbee rules please go to:

www.ubrecreation.com/intramurals

Important Dates to remember:

Registration Deadline – Friday, March 21st, 2008 in Rm. 130

Ultimate Frisbee Captains Meeting –Wednesday, April 2nd, 2008 @ 7:00pm in the Bull Pen in Alumni Arena

Tournament Play begins –Sunday, April 6th, 2008.

Roster Changes – Must be done **BEFORE THE START** of the tournament

Deposit Refund Dates – Monday, April 28th – Friday, May 9th 2008 (Excluding Saturday and Sundays) Ultimate Frisbee refunds are only given if the tournament is cancelled.

Important Contact Information:

Michelle Bernas – Assistant Director for Intramurals – 645 -6149 – mbernas@buffalo.edu

Intramural Hotline – For up to date cancellations – 645-3148 – Weather cancellations will be made 2 hours prior to game time.

Intramural Web Site – To download rules, schedules and Intramural Policies and Procedures.
<http://www.ubrecreation.com/intramurals>

UB - Intramural Services - ROSTER FOR (Sport): Ultimate Frisbee

Team Name: _____ Conference (weekday): 1st choice: _____ 2nd choice: _____

Jersey Color: _____ Division (time): 1st choice: _____ 2nd choice: _____

PLAYERS NAME		**STUD. ORG. #	ID or RECREATION PERMIT NUMBERS
Captain Name: _____ Phone#: _____ E-mail address: _____	M/F		
Captain Name: _____ Phone#: _____ E-mail address: _____	M/F		
3.	M/F		
4.	M/F		
5.	M/F		
6.	M/F		
7.	M/F		
8.	M/F		
9.	M/F		
10.	M/F		
11.	M/F		
12.	M/F		

Each name on your roster form must be accompanied by an appropriate id number; **NO EXCEPTIONS!!** The only acceptable ID numbers are: UB student or faculty/staff personal ID numbers. Team rosters are limited to twelve (12) players. **Teams have until the start of the tournament to solidify their roster.** Roster forms must have a valid captain's email address.

**** NOTE (STUD. ORG. NO.)** = In the column designated as Stud. Org. No. (student organization number), place the appropriate number of the organization, which represents the particular player. All UNDERGRADUATES are (1) DUE. = (1) DUE, (2) GSA, (3) MED, (4) GRAD. MANAGEMENT, (5) DENT, (6) MFC, (7) PHARM, (8) LAW (9) Faculty/Staff

NOTE: Teams have until the start of the tournament to solidify their roster (that means complete name, student organization and ID number). The above selected Conferences and Divisions have my endorsement. Changes will invalidate the form:

CAPTAIN'S SIGNATURE: _____

OFFICE USE ONLY

DATE PAID: _____ RECEIPT NUMBER: _____ R&I STAFF INITIALS: _____

UNIVERSITY AT BUFFALO ~ INTRAMURAL SERVICES
TEAM CAPTAIN'S DECLARATION

(please print)

SPORT: ULTIMATE FRISBEE

TEAM NAME: _____

CAPTAINS NAME: _____

I do hereby declare that all members of the aforementioned team are currently enrolled as University at Buffalo students or are faculty/staff that currently hold a Recreation Permit. I have read and understand the University at Buffalo's Intramural Policies and Procedures. I fully understand that if the above-mentioned team should use an illegal player, than I, as well as the rest of my team, assume the technical ramifications of that action.

I know that the following are my responsibilities:

- Join and encourage my team members to join the Football listserv in order to receive all up to date league information.
- Attend or send a team representative to attend the pre-season captain's meeting, **Wednesday, April 2nd, 2008 @ 7:00pm in the Bull Pen in Alumni Arena.** Important information is given out at this meeting. Any team who does not have a representative at the Captain's Meeting will begin the season with an 0-1 record. This will be figured in when playoff teams are determined.
- Provide accurate names, phone numbers and email addresses so the Assistant Director for Intramurals can communicate properly any and all changes with you.
- Provide accurate names and ID #'s of all team members before the start of the third contest and I understand that all players not listed will be ineligible to play.
- Inform my team members that ID's are required at the start of ALL CONTESTS. NO ID MEANS NO PLAY!
- Ensure team members arrive on time to all contests. GAME TIME IS FORFEIT TIME. There will be NO grace period.

I fully understand that the refundable part of my deposit **must be picked up within the refund period**, during the dates and times listed, in the semester which my team participated, and that **I MUST PRESENT MY ORIGINAL RECEIPT IN ORDER TO RECEIVE MY REFUND.** I understand the Intramural Team Deposit, Refund Policy (READ THE ATTACHED SHEET BEFORE SIGNING THIS DOCUMENT.).

I do hereby, for my heirs, executors and administrators, waive, release and forever discharge any and all claims for damages which my team has or which may hereafter occur to said team or team members in connection with our association or entry out of our participation in said event.

Office Use Only

Division of Play (Check one)

Sunday A – Co-Rec Carefree

Time of Play _____

Captain will sign here to confirm the day and time they have chosen to play: _____

CAPTAIN'S NAME (PRINTED): _____

CAPTAIN'S NAME (SIGNED): _____ **DATE:** _____