



# 2024 NIRSA REGIONAL BASKETBALL

University of Nebraska–Lincoln | February 23-25, 2024

## PLAYER CERTIFICATION FORM

College/University Name: \_\_\_\_\_ Division: (circle one) Men's | Women's | Unified

Team Name: \_\_\_\_\_ Team Rep Name: \_\_\_\_\_

Team Rep Email: \_\_\_\_\_ Team Rep Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

By signing this statement of eligibility understanding, I \_\_\_\_\_ (name of **Campus Recreation representative**), have conferred with the team captain to attest that each member of this roster has not already appeared on six NIRSA Championship Series Regional/National Tournament rosters. All names listed on this roster should meet all NIRSA Championship Series eligibility guidelines.

\_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of **Campus Recreation representative** approving team entry

Incomplete forms or entries submitted without an entry form, entry fee, or Campus Recreation representative signature will NOT be accepted. This original player certification form with your institutions Registrar's seal must be received by the entry deadline of **02/14/2024**.

**Please print player's names; Roster limit – 15 for Men's, Women's, and Unified teams**

Player	Participant Name <i>(please print)</i>	Participant Signature	Student ID#	Completed by Registrar Spring 2024: Semester or Quarter	
				UG or GR	# of Credits
1				UG/GR	
2				UG/GR	
3				UG/GR	
4				UG/GR	
5				UG/GR	
6				UG/GR	
7				UG/GR	
8				UG/GR	
9				UG/GR	
10				UG/GR	
11				UG/GR	
12				UG/GR	
13				UG/GR	
14				UG/GR	
15				UG/GR	

### To be completed by Registrar's Office

# of credit hours required by your institution for a student to be considered full time: \_\_\_\_\_

Please place your institution's seal of certification in the box to the right in order to validate the information on this form.

By drawing a line under the last participant verified and by signing below, I certify that the \_\_\_\_\_ (#) students listed above are currently enrolled for the listed number of credits.

\_\_\_\_\_  
Signature Date Phone

*Place institution's seal here.*