



2024 NIRSA REGIONAL BASKETBALL

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

SPECIAL OLYMPICS ATHLETE CERTIFICATION FORM

College/University Name: _____

Team Name: _____ Division: Unified

Team Rep: _____ Email: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

This original player certification form with Special Olympics State Program representative signature must be received by the entry deadline of 02/14/2024.

Please print player's names.

Roster limit – Players listed on this form in addition to players listed on the Unified Partner Certification form cannot exceed 15 total

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	

Student Partner Certification: All student partners are to be listed on a separate Player Certification form that certifies they are current students of the institution they are competing under.

To be completed by Special Olympics State Program Representative

By signing this statement of eligibility understanding, I _____ (name of Special Olympics State Program representative), have conferred with the team captain to attest that each member of this roster are currently registered Special Olympics Athletes within the State Program that the team/institution is representing. All names listed on this roster should meet all NIRSA Championship Series Unified Division eligibility guidelines as defined in the tournament rules and procedures.

By drawing a line under the last participant verified and by signing below, I certify that the _____ (#) Special Olympic Athletes listed above are currently registered and up to date with documentation.

Signature of Special Olympics State Program representative approving team entry	Date	Phone
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