2022 NIRSA Regional Basketball

The University of Texas at Arlington - March 4-6, 2022

Player Certification Form

College/University Name: \_\_\_\_\_\_\_\_\_\_\_\_

Team Name: Division (circle one): Men’s Women’s Unified

Team Rep Name: Team Rep Email Address:

Address: Team Rep Phone:

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

Name of Student Health Services Rep or designee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **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 insert date.**

# **Please print player’s names**; **Roster limit – 15 for Men’s and Women’s teams**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Player | Participant Name(please print) | Participant Signature | Student ID # | Completed by RegistrarWinter/Spring 2022: Semester or QuarterUG 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.

Place institution’s seal here

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