



**2023 NIRSA National Flag Football Championships**  
**December 18-20, 2023**  
**Oklahoma State University – Stillwater, OK**  
**Unified Division - Special Olympics Athlete Certification Form**



Institution Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Team Rep: \_\_\_\_\_ Division: **Unified**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- This original athlete certification form with Special Olympics state program representative & campus recreation representative signature must be submitted at the on-site team check-in.
- Please print player's names.
- Roster limit – Players listed on this form in addition to players listed on Player Certification form cannot exceed 10 total

Player	Athlete Name (Please print)	Athlete Signature	Completed by SO Representative: Registered with Special Olympics (Yes or No)
1			
2			
3			
4			
5			
6			
7			
8			

**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.

**Partner & Athlete Online Registration:** All players must register on their team's roster under the National Flag Football Championship Unified Division found at [www.imleagues.com](http://www.imleagues.com).

***To be completed by Special Olympics State Program Representative and Campus Recreation 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.

\_\_\_\_\_  
 Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature of **Special Olympics State Program representative** approving team entry

\_\_\_\_\_  
 Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature of **Campus Recreation representative** approving team entry



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**Player Certification Form**



College/University Name: \_\_\_\_\_ Team Name: \_\_\_\_\_  
 Team Rep: \_\_\_\_\_ Division (circle one): Co-Rec Men's Unified Women's  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 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 at the time of team check-in.**

**Please print player's names; Roster limit – 15 for Men's and Women's teams, 16 for Co-Rec teams, and 10 for Unified teams. teams (partners listed on this form in addition to athletes listed on Athlete Certification form cannot exceed 10 total)**

Player	Participant Name (please print)	Participant Signature	Student ID #	Completed by Registrar Fall 2023: 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	
16*				UG/GR	

\*Co-Rec teams only

**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