



NIRSA National Basketball Championships
April 12-14, 2024
University of Wisconsin-Madison – Madison, Wisconsin
Player Certification Form



Institution Name: _____ Team Name: _____
 Team Rep: _____ Division (circle one): Men's Women's Co-Rec Unified
 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

This original player certification form with your institutions Registrar's seal must be submitted at the on-site team check-in. Incomplete forms or entries will not be accepted.

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

Player	Participant Name (please print)	Participant Signature	Student ID #	Completed by Registrar Winter/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





NIRSA National Basketball Championships
April 12-14, 2024
University of Wisconsin-Madison – Madison, Wisconsin
Special Olympics Athlete Certification Form



Institution: _____

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 15 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			
9			
10			
11			
12			

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 Basketball Championship Unified Division found at 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.

 Email: _____ Phone: _____

Signature of **Special Olympics State Program representative** approving team entry

 Email: _____ Phone: _____

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