2020 NIRSA Regional Basketball Championships

University of Florida

**March 6-8, 2020**

**Unified Division**

Special Olympics Athlete Certification Form

Institution: Team Name:

Team Rep: Division: Unified

Phone: Email Address:

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

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.

 Email: Phone:

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

# **This original player certification form with Special Olympics State Program representative signature must be received by the entry deadline of insert date.**

# **Please print player’s names**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Player | Participant Name(please print) | Participant Signature | Student ID # | Completed by RegistrarWinter/Spring 2020: 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 |  |

**Student Partner Certification**: All student partners on the Unified team roster are to be listed on a separate Player Certification form that certifies they are current students of the institution they are competing under. All student partners must register on their team’s roster under the Regional Flag Football Championship Unified Division found at [www.imleagues.com](http://www.imleagues.com).

***To be completed by Registrar’s Office***

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 Date Phone