



2017 NIRSA Regional Soccer Championships Player Certification Form

Institution: _____

Division: _____

Team Rep: _____

Email Address: _____

Phone: _____

Address: _____

City: _____ State: ____ Zip: _____

By signing this statement of eligibility, 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 varsity or NIRSA Regional Tournament rosters. All names listed on this roster meet each NIRSA eligibility guideline.

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

Email: _____ Phone: _____

This original player certification form with your institutions Registrar's seal must be submitted at the on-site team check-in.

Player	Last Name	First Name	Participant Signature	Student ID #	Completed by Registrar	
					Fall 2017: 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	
17					UG/GR	
18					UG/GR	
19					UG/GR	
20					UG/GR	
21					UG/GR	
22					UG/GR	
23					UG/GR	
24					UG/GR	
25					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

Place institution's seal here