



2021 NIRSA Regional Soccer Championships Region 3 Men's – October 30-31, 2021- Player Certification Form



College/University Name: _____

Team Name: _____

Team Rep Name: _____

Team Rep Email Address: _____

Address: _____

Team Rep Phone: _____

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.

_____ Email: _____ Phone: _____

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

Name of Student Health Services Rep or designee: _____

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 2021: 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