



**2024 NIRSA Regional Basketball
University of Missouri - Columbia – February 16-18, 2024**

Unified Division

Special Olympics Athlete Certification Form

Institution: _____

Team Name: _____

Team Rep: _____

Division: Unified

Phone: _____

Email Address: _____

Address: _____

City: _____ State: ____ Zip: .

This original player certification form with Special Olympics State Program representative signature must be received by the entry deadline of February 9th.

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			

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 Regional Basketball Championship Unified Division found at www.imleagues.com. – only need this line if you have an online registration you are using.

To be completed by Special Olympics State Program 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

