2025 NIRSA National Flag Football Championships
January 7-9, 2026
Rice University – Houston, Texas
Player Certification Form

College/University Name: _____ Team Name: _____

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

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

Incomplete forms or entries submitted without an entry form, entry fee, or Campus Recreation representative signature will NOT be accepted. This original player certification form with your institutions Registrar's seal must be received at the time of team check-in.

Please print player's names; Roster limit – 15 for Men's and Women's teams, 16 for Co-Rec teams, and 10 for Unified teams. teams (partners listed on this form in addition to athletes listed on Athlete Certification form cannot exceed 10 total)

Player	Participant Name (please print)	Participant Signature	Student ID #	Completed by Registrar Fall 2025: 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	

*Co-Rec teams only

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