



2010 NCVF National Collegiate Club Volleyball Championships

Player Certification Form

College/University Name: _____

Team: _____

Division: _____

Team Rep: _____ Phone: (____) _____ - _____ Email: _____

This should be someone that is attending the championships.

_____ Email: _____
 Official University-Appointed *Team Liaison (Please Print)* Individual must accompany team, sign the Code of Conduct and may be a player on the team.

_____ (____) _____ - _____
 Name of **Designee** approving team entry **AND** Team Liaison Phone Number

_____ Email _____
 Signature of **Designee** approving team entry **AND** Team Liaison

Enter Team Liaison information. This individual will be responsible for the team throughout the championships.

The minimum requirement for eligibility is 1/2 time for undergraduate students and 6 credit hours for graduate students at the institution for which they play during the complete term of the championships, or if on the quarter system, both winter and spring quarters. Participants must be enrolled 45 days prior to the event (2/15/10).

All information below this line **must be completed** by the registrar. Ensure that student ID & credits match each student.

This original form (no copies) must be handed in at championships to be eligible

Have each player sign the form releasing so that the information can be released.

To be filled out by registrar
 ___ Spring 2010 Semester
 ___ Winter 2010 Quarter

	Last	First	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Players registered to play in the tournament will be listed here. If there are players that are no longer going, delete them from the National Tournament roster prior to printing.

Student ID	UG/ GR Classification	Current credits/units
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	
	UG/ GR	

Registrar must enter Student ID, circle whether the player is undergraduate/graduate and the current number of credits for each student.

Please verify the above information and draw a line after the last name verified.
 I certify that the above _____ (#) listed student-athletes are currently enrolled for the above stated credit hours and has paid the appropriate student fees. (Note: College/University seal of certification must be placed on this form to validate all of the above information.)

Please list your College/University's requirement for full time enrollment = _____ credit hours

_____ (____) _____ - _____
 Institution's Registrar or Designee Phone Number Date

(Place school seal here)