



# NCVF National Collegiate Club Volleyball Championships\*\*Player Certification Form\*\*

College/University Name: \_\_\_\_\_

Team: \_\_\_\_\_

These individuals should be attending the championships and could be the same individual.

Team Rep: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Wireless Phone Preferred

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 University Designee \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone Number

Email Address of University Designee \_\_\_\_\_

Signature of University Designee \_\_\_\_\_

Signature of Official University Appointed Team Liaison \_\_\_\_\_

**By signing this form, the Designee & Team Liaison certify that the team and all players are in compliance with all NCVF Governance Rules and eligibility requirements and approve the team entry into the championships.**

The minimum requirement for eligibility is 3/4 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 .

All information in this boxed area **must be completed** by the \_\_\_\_\_

***This original form (no copies) must be delivered in person at checkm in for your team to be eligible to play. No teams will be allowed to participate without this form.***

1. **No handwritten names can be written on the form.**
2. **No whiteout can appear anywhere on the form.**
3. **Two (2) separate signatures are required to approve the team for competition.**
  - a. **University Designee is either a Sports Club Director, a School Advisor, or Club Advisor and**
  - b. **Liaison approved by the University Designee.**

To be filled out by registrar

\_\_\_\_ Spring Semester

\_\_\_\_ Winter Quarter

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 circle whether the player is undergraduate/graduate and enter the current number of credits for each student.**

#	Last	First	Signature	Student ID
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 attending the championships, remove them from the **Current National Tournament Roster** prior to printing the form.

Have each player sign the form so that the information can be released by the registrar's office.

Make sure each student enter their student id so that it is easily identifiable for the registrar and the registrar can provide the correct information for the right student.

Registrar enters the total number of students that are currently enrolled.

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.)

(Place school seal here)

Please list your College/University's requirement for full time enrollment \_\_\_\_\_ credit hours

Institution's Registrar or Designee \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Phone

Registrar enters total number of credits for full time enrollment.