



2025 NIRSA Regional Flag Football
University of Nebraska – November 7-9, 2025
Tournament Registration Form

College/University Name: _____

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

Team Rep Name: _____ Team Rep Email Address: _____

Address: _____ Team Rep Phone: _____

City: _____ State: _____ Zip: _____

All participants must comply with the [NIRSA Championship Series eligibility guidelines](#). Players with questions about their eligibility or who have need for additional support are encouraged to contact the NIRSA Director of National Sport Programs [Nicole Jackson](#).

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 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. An original player certification form with your institution's Registrar's seal must be received by the entry deadline.

Please list players in ascending order by jersey number; Roster limit – 15 for Men's and Women's teams, 16 for Co-Rec teams

Player	Jersey #	Participant Name	Former Collegiate Varsity Player	Listed on varsity/NIRSA roster prior to Fall 2025	For the purposes of participation in the NIRSA Championship Series, I identify as a:	Email Address
1			YES / NO	YES / NO	MAN/WOMAN	
2			YES / NO	YES / NO	MAN/WOMAN	
3			YES / NO	YES / NO	MAN/WOMAN	
4			YES / NO	YES / NO	MAN/WOMAN	
5			YES / NO	YES / NO	MAN/WOMAN	
6			YES / NO	YES / NO	MAN/WOMAN	
7			YES / NO	YES / NO	MAN/WOMAN	
8			YES / NO	YES / NO	MAN/WOMAN	
9			YES / NO	YES / NO	MAN/WOMAN	
10			YES / NO	YES / NO	MAN/WOMAN	
11			YES / NO	YES / NO	MAN/WOMAN	
12			YES / NO	YES / NO	MAN/WOMAN	
13			YES / NO	YES / NO	MAN/WOMAN	
14			YES / NO	YES / NO	MAN/WOMAN	
15			YES / NO	YES / NO	MAN/WOMAN	
16*			YES / NO	YES / NO	MAN/WOMAN	

*Co-Rec teams only

Coaches: _____

Entry Fee*: \$275.00 per team

Entry Deadline: 10/29/2025

Payment Options: Check by mail (Payable to UNL) | Call **402-472-8383** for credit card payment

Send Completed Forms to: mmcfadden3@huskers.unl.edu (and/or) 55 Campus Recreation, P.O. Box 880232, Lincoln, NE 68588-0232

*Non-refundable, unless entry into the tournament is denied. In the event that the tournament is cancelled due to circumstances beyond control, entry fees will not be refunded.



2025 NIRSA Regional Flag Football
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Player Certification Form

College/University Name: _____

Team Name: _____

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

Team Rep Name: _____

Team Rep Email Address: _____

Address: _____

Team Rep Phone: _____

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 by the entry deadline.

Please print player's names; Roster limit – 15 for Men's and Women's teams, 16 for Co-Rec teams

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



**2025 NIRSA Regional Flag Football Championships
Accident Waiver and Release of Liability Form**

In consideration of being allowed to participate in any way in NIRSA and NIRSA Services Corporation (NSC) related events and activities, the undersigned:

1. Agree that the participant should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue NIRSA or NIRSA Services Corporation, affiliated clubs, their respective administrators, trustees, officers, directors, agents, and other employees of the organizations, other members/participants, sponsoring/hosting agencies/universities, volunteers, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities I may be photographed; I agree to allow my photo, video or film likeness to be used for any legitimate purpose by NIRSA, NSC, event holders, producers, sponsors, organizers and or assigns.

I understand that NIRSA does not provide insurance for me, and I represent and warrant that I have personal health insurance coverage.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I have read the above waiver and release, understand that I have given up substantial rights by signing it and sign it voluntarily.

Participant's Name: _____ Age: _____

Participant's Signature: _____ Date: _____

College/University: _____

Health Insurance Company and Policy Number: _____

Parent/Guardian Waiver for Minors (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Parent/Guardian's Signature: _____ Date: _____



2025 NIRSA Regional Flag Football
University of Nebraska – November 7-9, 2025
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 10/29/2025.

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.

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