CREDENTIALS VERIFICATION SHEET
DISTRICT/REGIONAL/NATIONAL

Team Name: _____ **Division:** _____ **Tier:** _____

Team Manager: _____ **Head Coach:** _____

Approved Team Application Form 2-T Date: _____

Player Name/#	Roster Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Birth Certificate	Non-U.S. Citizens Certification	Waiver of Liability	Medical Release	Code of Conduct	USAH Player IMR Form**
	Game Date:																														
Coaches	**Cert. Level**																														

** **IMR's are not required for programs submitting electronically produced rosters.**

Note: All players from the above team should be entered on this sheet. Check each block to indicate the number of games a player has played, in order of games played. Minimum of ten (10) games for each player and minimum twenty (20) games for each team (20/10 Rule). Girls/ Women: minimum of fourteen (14) games for each team (14/10 Rule).

Form 1-C
Rev. 8/01

Verified by: _____