



CREDENTIALS VERIFICATION SHEET DISTRICT/REGIONAL/NATIONAL

Team Name: _____ Division: _____ Tier: _____

Team Manager: _____ Head Coach: _____

Approved Team Application Form 2-T Date: _____

USAH Player IMR Form**
Code of Conduct
Medical Release
Waiver of Liability
Non-U.S. Citizens Certification
Birth Certificate

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

Game Date: _____

Coaches	Level	Yr. Earned

**** 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. **Youth:** 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. 6/04

Verified by: _____