



# CREDENTIALS VERIFICATION SHEET

DISTRICT / REGIONAL / NATIONAL

Team:	Classification:	
Team ID:	Category:	
Program:	Division:	

Contact:
Phone:
Email:

Birth Date Verified	US Citizen Verified	Non-US Citizen Verified	Transfer Complete	Consent to Treat	Out of District Player	Sliding Scale
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Player Name	Position	Jersey	Date Rostered	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																																
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Team Staff	Staff Position	Lev - Exp - Card	Module	SafeSport	Screening	Cons. to Treat
1						
2						
3						
4						
5						

NOTE: Check each block to indicate number of games a player has played, in the date order of games played.  
 YOUTH: Min of ten (10) game for each player and min twenty (20) game for each team (20/10 Rule).  
 GIRLS/WOMEN: Min of ten (10) game for each player and min fourteen (14) games for each team (14/10 Rule).