

MAHA CREDENTIALS REVIEW REQUIREMENTS
EACH TEAM IS REQUIRED TO PRESENT THE ITEMS
LISTED BELOW AT THE CREDENTIALS REVIEW

NOTE: If the words “(BRINGS A COPY)” are shown, you must bring a copy with you and give it to the Cred. Comm.
We will not keep an entire booklet. We will keep only the items marked “BRING A COPY”

- ☐ **1. MAHA DISTRICT/STATE PLAYOFFS: TEAM CREDENTIALS Form** (included in this package.)
complete the top portion of the front side.
- ☐ **2. TEAM CREDENTIALS VERIFICATION SHEET (1-C) (CVS)**
generated by the USA Hockey Registry Program (BRING A COPY)
The CVS will show that Coaches on the roster have attained the CEP level and Coaching Module mandated by USA Hockey. It will also show that Coaches, Managers and Volunteers have completed the USA Hockey Safe Sport training, and Background Screening. The CVS is generated by your local association or Independent registrar and will have players, coaches’ and Volunteers names pre-entered. The CVS must be downloaded from your Registry after January 1 to show the most current information. IF the CVS does not have the boxes ‘auto-checked’, bring a hard copy of the compliance proof for each item.

To complete the game listing along the top of the page, write the dates of the games that satisfy the age classification, category, and division in which the team is rostered (e.g., a 12U Tier II A team would only list the dates of games against other 12U Tier II A teams). You may stop listed dates once the minimum of player and team counts is satisfied. Put an X on the date for all players who participated in that game.

Leave the columns to the right blank.

- ☐ **3. USA HOCKEY TEAM ROSTER FORM (1-T) – GENERATED BY THE USAH Registry Program (BRING A COPY).**
This form must be electronically signed and approved by an Associate Registrar. Only players on this form as of Dec 31, of the current playing year, who have played the required number of games are eligible for Districts/State play. The official 1-T roster is available from your association/independent registrar or by contacting your District Associate Registrar. The official 1-T roster is recognizable by the USA Form 1-t in the upper right corner of the roster.
If you have only one goalie, you may borrow a back-up. This goalie can only be used in the case of an injury to your rostered goalie. A team may pick up a substitute goalie within its own association or District if it does not already have a spare goalie registered. If a team elects to bring a substitute goalie, the team may only have 19 players registered at any time so as not to exceed the maximum number of players allowed. This goalie must already be signed to an approved U.S.A. Hockey roster and cannot be playing for another team in the same division in the M.A.H.A. Playoffs. All of the same paperwork must be submitted for the back-up goalie, plus a note of permission from the coach or manager of this goalies’ regular team. (use MAHA form #7 or equivalent)
For non-national bound divisions, the substitute goalie must registered and rostered in the current season on a team equal or lower age classification and equal or lower team classification. For national bound divisions, the substitute goalie must be registered in the current season on a lower team classification.
- ☐ **4. TEAM HISTORY REPORTS – generated by the USA Hockey Registry Program (BRING A COPY)**
- ☐ **5. PLAYER TRANSFER forms for Non-US citizens approved by the USA Hockey National office**
If the USAH registry generated roster does not show verified proof of legal residency and an approved transfer with a circle ‘T’ or ‘S’, Non-US citizens must provide proof of legal residency and proof of release from the home country ice hockey federation.
- ☐ **6. FOR NATIONAL BOUND TEAMS ONLY – USA HOCKEY CONSENT TO TREAT FORM** for each player, coach and manger.
- ☐ **7. MAHA TEAM GAME LOG (BRING A COPY)**
This is a list of all games played by your team this season. List the game date, arena, opponent, type of game and if there were any Game Misconducts or Suspensions. NOTE: Game logs will be monitored for both team and individual player game count and penalties. (See MAHA Annual Guide for game counts rules.) You also must bring an updated copy of the log to your first MAHA playoff game.
- ☐ **8. SCORE SHEETS FOR ALL GAMES PLAYED**
Please put your scoresheets in chronological order to expedite this review. Sheets will be reviewed for game counts and suspensions served for the entire season.
- ☐ **9. HIGH SCHOOL JV STUDENT PICTURE ID FOR EACH PLAYER**
Required to verify Division 1 or Division 2 team classification

M.A.H.A. DISTRICT / STATE PLAYOFFS: TEAM CREDENTIALS	
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**COMPLETE TOP PORTION OF
THIS PAGE & CREDENTIALS
VERIFICATION SHEET BRING TO
CREDENTIALS REVIEW**

CLASSIFICATION: **CATEGORY:** **DIV:**

ASSOCIATION: _____

PLEASE PRINT

TEAM NAME: _____

COLORS: HOME: _____ AWAY: _____

TEAM CONTACT: NAME: _____

COACH: _____ ADDRESS: _____

MANAGER: _____ CITY: _____ ZIP: _____

PH: H: () PH: W: () PH: C: ()

E-MAIL ADDRESS:

ALT. CONTACT: NAME: _____

COACH: _____ ADDRESS: _____

MANAGER: _____ CITY: _____ ZIP: _____

PH: H: () PH: W: () PH: C: ()

E-MAIL ADDRESS: _____

For M.A.H.A. Use Only: CREDENTIALS CHECK:

CERTIFIED TEAM (1-T) ROSTER

GAME LOG

Total Games: As of:

***** Complete all information on back of this form for each player, coach and manager *****

CREDENTIALS VERIFIED BY(Print Name & Initial): _____ DATE VERIFIED: _____

NOTES:

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PAYMENT to MAHA: AMOUNT: CHECK #:

PAYMENT to ASSOCIATION: AMOUNT: CHECK #:

Received By:



Michigan Amateur Hockey Association Game Log

Team Name: _____

Division: _____

Association: _____

Season: **2022-23**

No.	Date	Division (A/AA/AAA/B/BB)	Name of Team Played	Game Played at: City, State	Type of Game (G D T T5)	GM Or Susp (Y/N)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

G = Game D= District T=Tournament T5= 5th Tournament game

* If a player / coach receives a game in a game or serves a suspension, mark Y

M.A.H.A. DISTRICT / STATE PLAYOFFS: TEAM CREDENTIALS

COMPLETE TOP PORTION OF THIS PAGE
& CREDENTIALS VERIFICATION SHEET
BRING TO CREDENTIALS REVIEW.

CLASSIFICATION: _____ CATEGORY: _____ DIV: _____

ASSOCIATION: _____

PLEASE PRINT

TEAM NAME: _____

COLORS: HOME: _____

AWAY: _____

TEAM CONTACT: NAME: _____

COACH: _____ ADDRESS: _____

MANAGER: _____ CITY: _____

ZIP: _____

PH: H: () _____

PH: W: () _____

PH: C: () _____

E-MAIL ADDRESS: _____

ALT. CONTACT: NAME: _____

COACH: _____ ADDRESS: _____

MANAGER: _____ CITY: _____

ZIP: _____

PH: H: () _____

PH: W: () _____

PH: C: () _____

E-MAIL ADDRESS: _____

For M.A.H.A. Use Only: CREDENTIALS CHECK:

CERTIFIED TEAM (1-T) ROSTER

GAME LOG

Total Games:

As of:

*** Complete all information on back of this form for each player, coach and manager ***

CREDENTIALS VERIFIED BY(Print Name & Initial): _____

DATE VERIFIED: _____

NOTES:

➤ AT THE TIME OF THE CREDENTIALS REVIEW, ENTER NOTES ON WHAT REQUIREMENTS ARE INCORRECT

OR MISSING

TEAMS MUST BRING THESE ITEMS TO THEIR FIRST DISTRICT OR STATE GAME.

➤ THIS IS A GOOD STARTING POINT FOR CHECKING THE TEAMS CREDENTIALS AT THE START OF DISTRICT

OR STATES.

✓ AT A MINIMUM, THE TEAM OWES AN UPDATED GAME LOG AND SCORESHEETS FOR GAMES PLAYED SINCE THEIR CREDENTIALS REVIEW.

➤ GIVE THE TEAMS MOVING ON FROM DISTRICTS TO STATES THESE CREDENTIAL REVIEW FORMS TO

PRESENT TO THAT CREDENTIAL COMMITTEE.

PAYMENT to MAHA: AMOUNT: _____

CHECK #: _____

PAYMENT to ASSOCIATION: AMOUNT: _____

CHECK #: _____

Received By: _____

Michigan Amateur Hockey Association

DISTRICT, STATES & NATIONALS

Credential Verification Sheet



CREDENTIALS VERIFICATION SHEET

Team: 2005 Eagles
 Team ID: 8MH0570-03RYPW2A
 Program: MH0370

Classification: 12 & Under (PeeWee)
 Category: Tier II
 Division: AA

Contact: JUSTIN, JUSTIN
 Phone: (800) 676-5323
 Email: JUSTINMILLER@GMAIL.COM

Team: 2003 Eagles			Classification: 12 & Under (PeeWee)			Category: Tier II			Division: AA			Contact: MLLS, JUSTIN			Phone: (800) 676-5523			Email: JUSTINMILLS90@gmail.com																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Program: MHH3870																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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			25			26			27			28			29			30			31			32			33			34			35			36			37			38			39			40			41			42			43			44			45			46			47			48			49			50			51			52			53			54			55			56			57			58			59			60			61			62			63			64			65			66			67			68			69			70			71			72			73			74			75			76			77			78			79			80			81			82			83			84			85			86			87			88			89			90			91			92			93			94			95			96			97			98			99			100			101			102			103			104			105			106			107			108			109			110			111			112			113			114			115			116			117			118			119			120			121			122			123			124			125			126			127			128			129			130			131			132			133			134			135			136			137			138			139			140			141			142			143			144			145			146			147			148			149			150			151			152			153			154			155			156			157			158			159			160			161			162			163			164			165			166			167			168			169			170			171			172			173			174			175			176			177			178			179			180			181			182			183			184			185			186			187			188			189			190			191			192			193			194			195			196			197			198			199			200			201			202			203			204			205			206			207			208			209			210			211			212			213			214			215			216			217			218			219			220			221			222			223			224			225			226			227			228			229			230			231			232			233			234			235			236			237			238			239			240			241			242			243			244			245			246			247			248			249			250			251			252			253			254			255			256			257			258			259			260			261			262			263			264			265			266			267			268			269			270			271			272			273			274			275			276			277			278			279			280			281			282			283			284			285			286			287			288			289			290			291			292			293			294			295			296			297			298			299			300			301			302			303			304			305			306			307			308			309			310			311			312			313			314			315			316			317		

Michigan Amateur Hockey Association DISTRICT, STATES & NATIONALS Official Team Roster

8M1H3570-03RYPW22A | 2017-2018 Official Team Roster

9/6/17, 8:59 PM



2017-2018 Official Team Roster

Original Approval: Tue Sep 05 2017 16:33:52 EDT
Last Updated: Tue Sep 05 2017 16:33:52 EDT
Approved by: KATHY JAROSHEWICH

Program: M1H3570 Association: ROYAL OAK HOCKEY CLUB	Team: 2005 Eagles Team ID: 9M1H3570-03RYPW22A	Classification: 12 & Under (PeeWee) Category: Tier II Division: AA
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Players (15)

Last Name	First Name	#	Position	DOB	DOB Verified	Transfer	Waiver	City	State	Zip
BARNHART	AEDAN	22		02/2005	V	N/A	W	ROYAL OAK	MI	48073
CHAPMAN	LIV	40		05/2005	V	N/A	W	BEVERLY HILLS	MI	48025
ECKER	EDWARD	35	Goalie	08/2005	V	N/A	W	ROYAL OAK	MI	48073
FLOYD	ARMAND	10		03/2005	V	N/A	W	TROY	MI	48063
FOBARE	ANDREW	48		08/2005	V	N/A	W	ROYAL OAK	MI	48067
GARRETT	COLIN	9		09/2005	V	N/A	W	BERKLEY	MI	48072
HARGRAVE-THOMAS	NEVILL	8		04/2005	V	N/A	W	TROY	MI	48084
HUMMON	MAXWELL	13		08/2005	V	N/A	W	BLOOMFIELD TOWNSHIP	MI	48302
IANNUZZI	GIACOMO	97		10/2005	V	N/A	W	HOCHSTER HILLS	MI	48306
MERANTZI	OWEN	24		05/2005	V	N/A	W	CLAWSON	MI	48017
O'CONNOR	JAMES	33		08/2005	V	N/A	W	ROYAL OAK	MI	48067
PRZYBYLO	GRIFFIN	88		12/2005	V	N/A	W	ROYAL OAK	MI	48067
STRACHAN	WILLIAM	11		03/2005	V	N/A	W	TROY	MI	48085
TOWNSEND	TREVOR	72		12/2005	V	N/A	W	STERLING HIGHTS	MI	48314
WALTER	JACOB	10		11/2005	V	N/A	W	TROY	MI	48088

Staff (4)

Last Name	First Name	Head Coach	Position	Card Number	Level	Expiration	Module	Salesport	Screening
MILLS	JUSTIN	Phone: (586) 978-1340 Address: 538 E HUSSEMAN RD ROYAL OAK, MI 48067	Head Coach	435181	3	12/31/2018	PW12	Verified	Completed
ECKER	LARRY	Phone: (248) 915-8003 Address: 222 ORCHARD VIEW DR ROYAL OAK, MI 48073	Coach	412048	2	12/31/2017	PW12	Verified	Completed
TOWNSEND	SCOTT	Phone: (586) 634-0657 Address: 4516 SAINT ALBANS DR STERLING HEIGHTS, MI 48314	Coach	387385	3	12/31/2017	PW12	Verified	Completed
MASTROICANNI	ANGELA	Phone: (248) 349-3273 Address: 3001 HILDA DR TROY, MI 48063	Team Rep/Manager				None	Verified	Completed

* ** Indicates player's DOB is not in Crosscheck Range

Team Officials agree to abide by all Rules and Regulations of USA Hockey and Amateur Association. A "V" in the DOB Verification column indicates the DOB has been verified by USAH. No additional documents are required. If a