

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

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

CLASSIFICATION: ONLY CATEGORY: TIER 1 DIV: AAA

ASSOCIATION: COMPUWARE YOUTH HOCKEY

**PLEASE PRINT**

TEAM NAME: COMPUWARE

COLORS: HOME: ORANGE AWAY: BROWN

TEAM CONTACT: NAME:

HENRY GOAL

COACH:

ADDRESS:

52 CROSCHECK LANE

MANAGER: ☒

CITY:

NORTHVILLE

MI

ZIP: 48374

PH: H: (248) 123.4567

PH: W: ( )

PH: C: (248) 123.4567

E-MAIL ADDRESS: HENRY.GOAL@GMAIL.COM

ALT. CONTACT: NAME:

MATT SHOOTOUT

COACH: ☒

ADDRESS:

99 GOALING LANE

MANAGER:

CITY:

PLYMOUTH

ZIP: 48170

PH: H: (248) 987.6543

PH: W: ( )

PH: C: (248) 987.6543

E-MAIL ADDRESS: MATT.SHOOTOUT@GMAIL.COM

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:

PAYMENT to MAHA:

AMOUNT:

CHECK #:

PAYMENT to ASSOCIATION:AMOUNT:

CHECK #:



# CREDENTIALS VERIFICATION SHEET

DISTRICT / REGIONAL / NATIONAL

Team: Compuware 2006 150 Tier 1  
Team ID: 2MIH4041-08RY1513A  
Program: MIH4041

Classification: 15 (15 only)  
Category: Tier I  
Division: AAA

Contact: [REDACTED]  
Phone: [REDACTED]  
Email: [REDACTED]

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Player Name	Position	Jersey	Date Rostered	9/1	9/3	9/10	9/11	9/17	9/20	9/29	10/1	10/5	10/10	10/11	10/13	10/15	10/16	10/17	10/20	10/21	21	22	23	24	Birth Date Verified	US Citizen Verified	Non-US Citizen Verified	Transfer Complete	Consent to Treat	Out of District Player	Sliding Scale
1. [REDACTED], COLE		7	7	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
2. [REDACTED], CHASE		6	6	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
3. [REDACTED], BENJAMIN		9	9	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
4. [REDACTED], LUKAS		13	13	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
5. [REDACTED], FISHER		10	10	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
6. [REDACTED], JAKE		19	19	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
7. [REDACTED], DENNIS		93	93	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
8. [REDACTED], CARSON		14	14	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
9. [REDACTED], LUKE		11	11	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
10. [REDACTED], ERON		44	44	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
11. [REDACTED], LUKE		2	2	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
12. [REDACTED], MARIO	Goalie	32	32	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
13. [REDACTED], PETER		36	36	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
14. [REDACTED], NATHAN		4	4	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
15. [REDACTED], DRAKE		20	20	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
16. [REDACTED], CAMERON		21	21	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
17. [REDACTED], SOLOMON		68	68	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
18. [REDACTED], BENJAMIN	Goalie	35	35	08/31/2021	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
19.																															
20.																															
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26.																															
27.																															
28.																															
29.																															
30.																															

GAME DATES- LIST ONLY TO VALIDATE, CATEGORY, AND DIVISION PLAYER AND TEAM COUNTS. DO NOT LIST ALL GAMES

GAME COUNT REQUIREMENTS FOUND ON COMPUWARE YOUTH HOCKEY WEBSITE; MANAGERS; EXCEPTIONS/CREDENTIALING

Team Staff	Staff Position	Lev - Exp - Card	Module	SafeSport	Screening	Cons. to Treat	
1. [REDACTED], PATRICK	Head Coach/Manager	4-12/24-0000298652	MD18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
2. [REDACTED], ROBERT	Coach	4-12/24-0000109754	MD18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
3. [REDACTED], MICHAEL	Coach	4-12/24-0000039714	MD18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. [REDACTED], CHASE	Coach	1-12/22-0000519530	MD18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. [REDACTED], TIMOTHY	Coach	4-12/24-0000284137	MD18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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).

# CREDENTIALS VERIFICATION SHEET

DISTRICT / REGIONAL / NATIONAL

Team Staff Continued

Team: Compuware 2006 150 Tier 1  
Team ID: 2MIH4041-08RY1513A  
Program: MIH4041

Classification: 15 (15 only)  
Category: Tier I  
Division: AAA

Contact: [REDACTED]  
Phone: [REDACTED]  
Email: [REDACTED]

Team Staff	Staff Position	Lev - Exp - Card	Module	SafeSport	Screening	Cons. to Treat
1 [REDACTED], CHRIS	Coach	4-12/24-0000285402	MD18	✓	✓	
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						





# 2021-2022 Official Team Roster



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All sanctioned practices, scrimmages and games which this team may participate in are expected to be conducted in compliance with local, state and federal health guidelines and regulations in force at the time and location of the activity.

Original Approval: Sun Aug 29 2021 17:31:54 Eastern Daylight Time

Last Updated: Fri Dec 31 2021 12:54:51 Eastern Standard Time

Approved by: MYRA ZOLYNSKY

Program: <b>MIH4041</b>	Team: <b>Compuware 2006 150 Tier 1</b>	Classification: <b>15 (15 only)</b>
Association: <b>COMPUWARE YOUTH LEAGUE</b>	Team ID: <b>2MIH4041-08RY1513A</b>	Category: <b>Tier I Division: AAA NTB: Yes</b>

## Players (18)

Last Name	First Name	Jersey #	Position	DOB	DOB Verification	SafeSport	Date to Expire	Transfer	City	State	Zip
[REDACTED]	COLE	H 7 A 7		06/2006	V	Not Required		N/A	DEARBORN	MI	48124
[REDACTED]	CHASE	H 6 A 6		05/2006	V	Not Required		N/A	ROCHESTER HILLS	MI	48307
[REDACTED]	BENJAMIN	H 9 A 9		07/2006	V	Not Required		N/A	OAKLAND	MI	48363
[REDACTED]	LUKAS	H 13 A 13		09/2006	V	Not Required		N/A	BRIGHTON	MI	48114
[REDACTED]	FISHER	H 10 A 10		06/2006	V	Not Required		N/A	GROSSE ILE	MI	48138
[REDACTED]	JAKE	H 19 A 19		05/2006	V	Not Required		N/A	LIVONIA	MI	48154
[REDACTED]	DENNIS	H 93 A 93		01/2006	V	Not Required		N/A	COMMERCE TWP	MI	48382
[REDACTED]	CARSON	H 14 A 14		01/2006	V	Not Required		N/A	GRAND BLANC	MI	48439
[REDACTED]	LUKE	H 11 A 11		10/2006	V	Not Required		N/A	LIGHTHOUSE POINT	FL	33064
[REDACTED]	ERON	H 44 A 44		08/2006	V	Not Required		N/A	LINCOLN PARK	MI	48146
[REDACTED]	LUKE	H 2 A 2		09/2006	V	Not Required		N/A	PLYMOUTH	MI	48170
[REDACTED]	MARIO	H 32 A 32	Goalie	05/2006	V	Not Required		N/A	MACOMB	MI	48044
[REDACTED]	PETER	H 36 A 36		11/2006	V	Not Required		N/A	PLYMOUTH	MI	48170
[REDACTED]	NATHAN	H 4 A 4		06/2006	V	Not Required		N/A	HARPER WOODS	MI	48225
[REDACTED]	DRAKE	H 20 A 20		11/2006	V	Not Required		N/A	NORTHVILLE	MI	48168
[REDACTED]	CAMERON	H 21 A 21		05/2006	V	Not Required		N/A	DEXTER	MI	48130
[REDACTED]	SOLOMON	H 68 A 68		05/2006	V	Not Required		N/A	TRENTON	MI	48183
[REDACTED]	BENJAMIN	H 35 A 35	Goalie	02/2006	V	Not Required		N/A	NORTHVILLE	MI	48168

## Staff (6)

Last Name	First Name	Position	Card Number	Level Certified	Certifications Expires	Credits	Module	SafeSport	Date to Expire	Screening
[REDACTED]	PATRICK	Head Coach/Manager	0000298652	4	12/31/2024	0	MD18	Complete	08/15/2023	Complete
Email: [REDACTED]@NET		Phone: [REDACTED]	Address: [REDACTED]							
[REDACTED]	ROBERT	Coach	0000109754	4	12/31/2024	0	MD18	Complete	07/21/2023	Complete
Email: [REDACTED]@M		Phone: [REDACTED]	Address: [REDACTED]							
HENRY	MICHAEL	Coach	0000039714	4	12/31/2024	0	MD18	Complete	07/31/2023	Complete

Last Name	First Name	Position	Card Number	Level Certified	Certifications Expires	Credits	Module	SafeSport	Date to Expire	Screening
Email: [REDACTED] Phone: [REDACTED] Address: [REDACTED]										
[REDACTED]	CHASE	Coach	0000519530	1	12/31/2022	0	MD18	Complete	08/15/2023	Complete
Email: [REDACTED]@M Phone: [REDACTED]-4126 Address: [REDACTED] MI 4823										
[REDACTED]	TIMOTHY	Coach	0000284137	4	12/31/2024	0	MD18	Complete	08/13/2023	Complete
Email: [REDACTED]@M Phone: [REDACTED] 37 Address: [REDACTED] MI 48170										
[REDACTED]	CHRIS	Coach	0000285402	4	12/31/2024	0	MD18	Complete	08/15/2023	Complete
Email: [REDACTED]@M Phone: [REDACTED] 903 Address: [REDACTED] MI 48180										

## Notes

[REDACTED] here with parents. [REDACTED] in Approved Mi Resident.

\* Indicates player's age is below the team's classification range. \*\* Indicates player's age is above the team's classification range.

Team Officials agree to abide by all Rules and Regulations of USA Hockey and Affiliate Association. A "V" in the DOB Verification column indicates the DOB has been verified by USAH, no additional documents are required. If a transfer is required for a Non-US Citizen it will be listed in the Transfer column. If a transfer has been completed it will say complete and the type of transfer will be listed. Individuals listed as a Team Rep/Mgr may not participate in on-ice activities, or be on the bench during games.

Date/Local Time	Date/GMT	Team	Team ID	User	Change	Member Type	Last Name	First Name
12/31/2021 12:54	12/31/2021 17:54	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Dropped	Staff	XXXXX	MATTHEW
11/16/2021 18:30	11/16/2021 23:30	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Staff	XXXXX	TIMOTHY
11/16/2021 18:30	11/16/2021 23:30	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Staff	XXXXX	TIMOTHY
8/31/2021 19:33	8/31/2021 23:33	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	JAKE
8/31/2021 19:33	8/31/2021 23:33	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Redlined	Player	XXXXX	JAKE
8/31/2021 19:33	8/31/2021 23:33	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Team Approved			
8/29/2021 17:31	8/29/2021 21:31	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Team Submitted			
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Staff	XXXXX	MATTHEW
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Staff	XXXXX	CHRIS
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Staff	XXXXX	PATRICK
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Staff	XXXXX	CHASE
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Staff	XXXXX	MICHAEL
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Staff	XXXXX	ROBERT
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Staff	XXXXX	MATTHEW
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Staff	XXXXX	CHRIS
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Staff	XXXXX	PATRICK
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Staff	XXXXX	CHASE
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Staff	XXXXX	MICHAEL
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Staff	XXXXX	ROBERT
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	LUKE
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	PETER
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Player	XXXXX	JAKE
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Player	XXXXX	LUKE
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Player	XXXXX	PETER
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	BENJAMIN
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	SOLOMON
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	CAMERON
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	DRAKE
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	NATHAN
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	MARIO
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	LUKE
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	ERON
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	CARSON
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	DENNIS
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	FISHER
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN	Approved	Player	XXXXX	LUKAS
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Player	XXXXX	BENJAMIN
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Player	XXXXX	SOLOMON
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Player	XXXXX	CAMERON
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Player	XXXXX	DRAKE
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Player	XXXXX	NATHAN
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Player	XXXXX	MARIO
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Player	XXXXX	LUKE
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Player	XXXXX	ERON
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp	Added	Player	XXXXX	CARSON

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8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp Added	Player	XXXXX	DENNIS
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp Added	Player	XXXXX	FISHER
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp Added	Player	XXXXX	LUKAS
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN: Approved	Player	XXXXX	BENJAMIN
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN: Approved	Player	XXXXX	CHASE
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	ZOLYNSKY, MYRA (MZOLYN: Approved	Player	XXXXX	COLE
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp Added	Player	XXXXX	BENJAMIN
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp Added	Player	XXXXX	CHASE
8/20/2021 14:44	8/20/2021 18:44	Compuware 2006 150 Tier 1	2MIH4041-08RY1513A	DESPIRT, BOB (bobd@comp Added	Player	XXXXX	COLE





# USA Hockey Consent To Treat/Medical History Form



This is to certify that on this date, I JOHN SMITH, as parent or guardian of HARRY SMITH, (athlete participant), or for myself as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: BLUE CROSS OF MICHIGAN Policy #: 123456

This form may be signed by hand or signed electronically and returned to your team and/or program.

If I sign this form electronically, I acknowledge that it shall have the same validity and effect as if I signed this consent by hand.

Parent/Guardian/Adult Participant Signature: John Smith Date: 8/31/2022

Excess accident insurance up to \$50,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit [usahockey.com](http://usahockey.com) or contact USA Hockey at (719) 576-USAH.

## EMERGENCY CONTACT

Name: MARY SMITH Phone: (248) 123.4367  
Address: 12 HOCKEY LANE  
City: NORTHVILLE State: MI Zip Code: 48374  
Physician's Name: WALT DISNEY Phone: (313) 987.6543  
Hospital of Choice: MAGIC KINGDOM

## COMPLETION OF M

## MEDICAL HISTORY

If the answer to any of the implications for proper first aid

☐ Head Injury  
(concussion, skull fracture)

☐ Fainting spells

☐ Convulsions/epilepsy

☐ Neck or back injury

**INCLUDE ALL PLAYERS,  
COACHES, MANAGERS**

**NATIONAL BOUND  
TEAMS ONLY**

☐ Heart murmur

JAL

lem and its

Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Are you currently taking any medications? ☐ Yes ☐ No If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity? ☐ Yes ☐ No If yes, please explain on back.



# Michigan Amateur Hockey Association Game Log

Team Name: \_\_\_\_\_

Division: \_\_\_\_\_

Association: \_\_\_\_\_

Season: **2022-23**

**7**

No.	Date	Division (A/AA/ AAA/B/BB)	Name of Team Played	Game Played at: City, State	Your Score	Their Score	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								

INCLUDE ALL GAMES  
PLAYED

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

@ If a player/coach receives a game misconduct or a match penalty in a game or serves a suspension in a game, mark Y

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INCLUDE COPIES OF  
ALL SCORE SHEETS IN  
THE SAME ORDER AS  
ON THE GAME LOG