

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

NOTE: If the words “(BRING A COPY)” are shown, you must bring a copy with you and give it to the Cred. Comm. 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 of the form and the complete back side of the form in advance of review.
- ☐ 2. **TEAM CREDENTIALS VERIFICATION SHEET (1-C) (CVS) (BRING A COPY)**
-The CVS is generated by your local association/independent registrar and if requested after January 1 will show the most current information.
-MUST check the date of expiration of the level that the coach attained. Level 4 and 5 have no expiration date and are indicated by two asterisks. All other boxes including SafeSport and screening should be auto filled. If the CVS does not have boxes auto filled bring a hard copy of the compliance information for each item.
- ☐ 3. **USA HOCKEY TEAM ROSTER FORM (1-T) –generated by the USAH Registry Program (BRING A COPY)**
-Roster must be checked for the Original Approved date and Last Updated date. No dates can be after December 31st. Only players on this form who have played the required number of games are eligible to participate in MAHA District/State play. The Official (1-T) roster is available to each coach through the roster link provided by the Associate Registrar. You must open the link and print out your roster for the credential check.
If you have only one goalie, you may borrow a back-up. This goalie can only be used in case of injury to your rostered goalie. A team may pick up a substitute goalie from within its own association or District if it does not already have a spare goalie rostered. If a team elects to bring a substitute goalie, the team may have only 19 players rostered at any time so as not to exceed the maximum number of players allowed. This goalie must already be signed to an approved USA hockey roster and cannot be playing for another team in the same division in the MAHA Playoffs. All the same credential paperwork must be submitted with the team's paperwork including a note of permission from the coach or manager of the goalie's regular team. (Use MAHA Form #7 or equivalent.)
-For non-national bound categories the substitute goalie must be registered in the current season on a team of equal or lower age classification and equal or lower team classification. For national bound categories, the substitute goalie must be registered in the current season on a lower classification team.
- ☐ 4. **BIRTH CERTIFICATES**
-If the USAH Registry generated roster shows a birth certificate verified by a USAH Associate registrar there will be a V in the DOB Verification column on the Roster. On the CVS under the Birth Date Verified column you will see a box with a check mark inside to indicate it is verified. Birth certificate review is only required, if the Roster or CVS are not checked. Only a player's government issued Birth Certificate copy is to be reviewed.
- ☐ 5. **PLAYER TRANSFER forms for Non-US Citizens**
-The USA Hockey Registry will not allow a player needing a transfer to appear on the Roster.
- ☐ 6. **CONSENT TO TREAT FORMS**
-ALL NATIONAL BOUND TIER I AND TIER II TEAMS ARE REQUIRED TO HAVE A COMPLETED CONSENT TO TREAT FORM FOR EACH PERSON ON THEIR ROSTER.
- ☐ 7. **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 and score. Game log will be monitored for both team and individual player game count. (See MAHA Annual Guide for count rules.) You also must bring an updated copy 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 category.

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: 8MH0570-03RYPW22A
 Program: MH03870

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		Out of District Player		Star Form		Transfer Complete		Non-US Citizen Verified		US Citizen Verified		Birth Date Verified																																																																																																																																																																																																																																																																																																																																																																																																																																														
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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
MASTROICIONI	ANGELA	Phone: (248) 349-3273 Address: 3001 HILBURN 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