### 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 <u>CEP level and Coaching Module</u> mandated by USA Hockey. It will also show that Coaches, Managers and Volunteers have completed the USA Hockey <u>Safe</u> <u>Sport</u> training, and <u>Background Screening</u>. 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 <u>ALL</u> 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. D	ISTRICT / STATE PI	AYOFFS:	TEAM CREDE	NTIALS
COMPLETE TOP PORTION OF THIS PAGE & CREDENTIALS VERIFICATION SHEET BRING TO	CLASSIFICATION:	C	ATEGORY:	DIV:
CREDENTIALS REVIEW	ASSOCIATION:			
PLEASE PRINT	TEAM NAME:			
	COLORS:	HOME:	AWAY:	
TEAM CONTACT: NAME:				
MANAGER: CITY:				ZIP:
PH: H: ()		PH: W: ( )	PH: C: ( )	
E-MAIL ADDRESS:				
ALT. CONTACT: NAME:				
COACH: ADDRESS:				
E-MAIL ADDRESS:				
For M.A.H.A. Use Only: C	CREDENTIALS CHECK	:		
CERTIFIED TEAM (1-T) R				
GAME LOG	Total Games:	As of:		
*** Complete all informat			layer, coach and l	manager ***
CREDENTIALS VERIFIED BY(Print	Name & Initial):		DATE VERIFIED:	
NOTES:				
PAYMENT to MAHA: A	MOUNT:	CHECK #:		
PAYMENT to ASSOCIATION: A		CHECK #:		
Credential Head Sheet.xlsx credentials		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						
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24						
25						
G = G	Same	D= District T=	Tournament T5= 5th Tournament g	ame		

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

Michigan Amateur Hockey Association DISTRICT, STATES & NATIONALS Credential Verification Sheet

Team: 2005 Eng	Team: 2005 Engles Team ID: 8MiH3570-03RYPW22A Program: MiH3570			Classification: 12 & U Gategory: Tier II Division: AA	Classification: 12 & Under (PeeWee) Classification: 12 & Under (PeeWee) Category: Ther II Phy Division: AA		320	Contact: MLLLS, JUSTRA Phone: (stel 576-53c3 Email: Homestel 576-53c3	5, JUSTI 676-5363	ontact: MaLLS, JUSTRI Phone: (896) 676-6343 Emelle II second			A statement of the statement of the	beilited na		aid
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MILLS, JUSTIN				Head Coach	3-12/18-435181	PW12	>	-	manufactures of the second	0.85	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					-
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## **Michigan Amateur Hockey Association DISTRICT, STATES & NATIONALS Official Team Roster**

BMIH3570-03RYPW22A | 2017-2018 Official Team Roster



# 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



9/6/17, 8:59 PM

Association: ROYAL OAK HOCKEY CLUB	EY CLUB		Team 1	Team: 2005 Eagles Team ID: 8MIH3570-03RYPW22A	ATYP W22A			Classification: 12 & Under (PeeViee) Calegory: Tier II Division: AA		
Players (15)										
Last Name	First Name	8	Position	008	DOB Varified	Transfor	Waivor	City	State	Zio
BARNHART	AEDAN	22		09/2005	V V	N/A	W	ROYAL OAK	MI	48073
CHAPRAN	LIV	90		05/2005	V	N/A	M	BEVERLYHILLS	WI	48025
ECKER	EDWARD	32	Goale	06/2005	V	NUA	W	ROYAL OAK	WI	48073
FLOYD	APMANDC	10		03/2005	٧	MA	M	TROY	W	48083
FORARE	ANDREW	48		08/2005	V	NA	M	BOYAL OAK	WI	48087
GARRETT	COUN	8		08/2005	٧	N/A	M	BERKLEY	WI	48072
HARGRAVE-THOMAS	NEVILL	8		04/2005	٨	N/A	W	TROY	W	48084
HUMMON	MAXWELL	13		08/2005	٧	N/A	w	BLOOMFIELD TOWNSHIP	WI	48302
IAMNUZZI	GIACOMO	97		10/2005	٧	NIA	M	ROCHESYER HILLS	WI	48306
MERANTZA	OWEN	24		05/2005	٧	MA	M	CLAWSON	W	48017
OCONNOR	JAMES	33		06/2005	~	NIA	M	ROYAL OAK	W	18087
PRZYBYLO	GRAFFIN	88		12/2005	~	N/A	M	BOYAL OAK	WI	48067
STRACHAN	WILLIAM	1.5		03/2005	v	N/A	M	TROY	W	48085
TOWNSEND	THEVOR	72		12/2005	v	NIA	M	ST ERLING HEKAITS	W	48314
WALTER	JACOB	10		11/2005	V	NVA	M	TROY	IW	48098

Head Coach 435181 3 12/31/2018 PW12 Verthed Communications 412048 2 12/31/2017 PW12 Verthed Communications 412048 2 12/31/2017 PW12 Verthed Communications and 367365 3 12/31/2017 PW12 Verthed Communication Pending Nations Nations Vertified Communications Physics 3 12/31/2017 PW12 PW12 PW12 PW12 PW12 PW12 PW12 PW12	Last Namo	e First Name	Position	Card Number	Level	Expiration	Module	SafeSport	Screening
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Coalch 367365 3 12/31/2017 PW12 Vorthed   6 Hilorite, An 45314 0 FW12 Vorthed Vorthed Vorthed   100mm Peptitylansger None Vorthed Vorthed Vorthed	KER ner (248) 915 6800	LARRY Address: 222 ORGMAD V/EW DR	COACI ROYAL CAN, MI 48073	412040	N	12/31/2017	PW12	Vortied	Completed
team PeepManager None Vorthad	WNSEND		COach 31291, this HEROFTIG, MI 45314	367365	69	12/31/2017	PW12	Vorthed	Completed
	STROYONNI ** (243) 242-2273	ANGELA Addresse: 3200 m21/2544 DR THOY, 5	Team PepAlanager A atota				None	Verified	Completed

https://portal.usahockey.com/tool/teams/101446/rovier.html

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