

2018-2019

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)
MUST show that Coaches on the bench have attained the CEP level mandated by USA Hockey. It must also show that Coaches and Managers have completed the USA Hockey Safe Sport training, completed Background Screening and the required Coaching Module. The CVS is generated by your local association or Independent registrar and will have players and coaches' names pre-entered. The CVS should be completed 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.
Complete the game log with game dates and players who played in each game. Leave the columns to the right blanks
- ☐ **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, 2018 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 re registered 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 and score.
NOTE: Game logs will be monitored for both team and individual player game count. (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.

DIVISION:

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:

HOTEL:

PHONE NO:

ROOM #:

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 #:

Received By:

DISTRICT / REGIONAL / NATIONAL

Contact Rick Scero
Cell 734-123-4567
Email rscero@email.com

[illegible]

Verified By:

Date:

MI CS-Form 1-C Rev: 5/15

**NOTE THAT THIS EXAMPLE
SHOWS INCOMPLETE
BACKGROUND SCREENING;
EVIDENCE REQUIRED**

EXHIBIT 5



2014-2015 Official Team Roster



Approval Date: 10/03/2014
Approved by: MZOLYNSKY1@AOL.COM

Program: MIH4014 Association: CANTON VICTORY HONDA HOCKEY ASSOCIATION	Team: Victory Honda 2000 Team ID: 5MIH4014-13RYBN13A	Class: Bantam 14 or Under Division: AAA Category: Tier 1
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Players (20)

Last Name	First Name	DOB	DOB Verification	Transfer Status	Zip
BORTHWICK	JOSEPH	06/2000	Verified	N/A	48167-1084
BOULWARE	RICHARD	06/2000	Verified	N/A	48183-3548
COOPER	DREW	08/2000	Verified	N/A	48103-9059
DALES	JAMES	07/2000	Verified	N/A	48167-2638
DEGUZMAN	NOAH	04/2000	Verified	N/A	48170-5852
GARBY	ANDREW	09/2000	Verified	N/A	48186-8502
GIRAGOSIAN	ALEC	04/2000	Verified	N/A	48374-3775
GOGUEN	BENJAMIN	01/2000	Verified	N/A	48331-4210
KHUDENKO	MIKHAIL	06/2000	Verified	N/A	48167-1292
KRAWIEC	DYLAN	04/2000	Verified	N/A	48377-2720
LAMBERT	HUGH	04/2000	Verified	N/A	48168-6824
LEFERE	ROBBY	05/2000	Verified	N/A	49201-8338
MILLETTE III	REGINALD	04/2000	Verified	N/A	48188-3256
MORRIS	MITCHELL	11/2000	Verified	N/A	48170-1030
PROCOPIO	GIOVANNI	04/2000	Verified	N/A	48236-1225
SWENSON	JORDON	02/2000	Verified	N/A	48837-9797
TALAMONTI	ZAKARY	02/2000	Verified	N/A	48176-9401
TRAGGE	WILLIAM	11/2000	Verified	N/A	48152-2914
TSOUROULLIS	JOHN	10/2000	Verified	N/A	48312-4210
TUCKER	MAXWELL	09/2000	Verified	N/A	49009-7473

Staff (3)

Last Name	First Name	Position	Card Number	Level Certified	Certification Expires	CAS Modules	SafeSport	Screening
SCERO	RICKY	Head Coach	284122	4	12/31/20**	BA14, FW12, 0	Verified	
HAYES	ANTHONY	Coach	435168	1	12/31/2015	BA14	Not Verified	
SCERO	BRANDON	Coach	350039	4	12/31/20**	BA14, FW12, 0	Not Verified	

*Team Officials agree to abide by all Rules and Regulations of USA Hockey and Affiliated Association. A "V" in the V column (DOB Verification) indicates the DOB has been verified by USAH; no additional documents are required. An open circle in the C column indicates a Non-US Citizen without a completed transfer. A check with a S or T indicates a transfer has been completed. S=Student Visa and T=other approved Visa. Individuals listed as a Mgr/Team Rep may not participate in on-ice activities, or be on the bench during games.

NOTE THAT THIS EXAMPLE
SHOWS INCOMPLETE
SAFESPORT SCREENING;
EVIDENCE REQUIRED

NOTE THAT THIS EXAMPLE
SHOWS INCOMPLETE
BACKGROUND SCREENING;
EVIDENCE REQUIRED



MICHREGISTRAR@GMAIL.COM | Sign Out
ADMIN 2018 2019

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Test Midget Team

Team ID: 9MIH0000-16RY18R2B
Program: MIB0000
Local Association: MICHIGAN AHA
Current Verification: Thu Sep 27 2018 08:47:49 EDT
Original Verification: Thu Sep 27 2018 08:43:10 EDT
Season Type: Regular
Team Type: Youth
Classification: 18 & Under (Midget)
Category: House/Rec
Division: B3

Changelog

Date	User	Change	Member Type	Last Name	First Name
Thu Sep 27 2018 08:47:49 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Division changed from 'VAR' to 'B3'			
Thu Sep 27 2018 08:47:49 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Category changed from 'Travel' to 'House/Rec'			
Thu Sep 27 2018 08:47:49 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Classification changed from 'HS/Prep Div 1' to '18 & Under (Midget)'			
Thu Sep 27 2018 08:47:49 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Team ID changed from '9MIH0000-16RYHSTVA' to '9MIH0000-16RY18R2B'			
Thu Sep 27 2018 08:47:49 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Team Approved			
Thu Sep 27 2018 08:43:10 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Approved	Player	HUGHES	JACK
Thu Sep 27 2018 08:43:10 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Approved	Player	REGULA	ALEC
Thu Sep 27 2018 08:43:10 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Approved	Player	GRUDEN	JON
Thu Sep 27 2018 08:43:10 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Approved	Staff	BOWMAN	GORDON
Thu Sep 27 2018 08:43:10 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Team Submitted			
Thu Sep 27 2018 08:43:10 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Team Approved			



USA Hockey

Consent To Treat/Medical History Form



This is to certify that on this date, I _____, as parent or guardian of _____, (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: _____

Policy Number: _____

Parent/Guardian/Adult Participant Signature: _____ **Date:** _____

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 or contact USA Hockey at (719) 576-USAH.

EMERGENCY CONTACT

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Physician's Name: _____ Phone: (_____) _____

Hospital of Choice: _____

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

- | | | |
|--|--|--|
| <input type="checkbox"/> Head Injury
(concussion, skull fracture) | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Convulsions/epilepsy | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Neck or back injury | <input type="checkbox"/> Hernia | _____ |
| | <input type="checkbox"/> Heart murmur | _____ |

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.

Timekeeper _____ Ref 1 _____ Ref 2 _____ Ref 3 _____

PENALTY CODES:	
MP	Match Penalty
DG	Delay Game
H	Hold
BD	Boarding
E	Elbow
HK	Hook
R	Rough
BE	Butt End
F	Fighting
HS	High Stick
S	Slash
BP	Bench Minor
GA	Game Misconduct
I	Interference
SP	Spear
C	Charging
M	Misconduct
T	Trip
US	Unsportsmanlike Conduct
XC	Cross Check

F Fighting
HS High Stick
S Slash

BP	Bench Minor
GA	Game Misconduct
I	Interference

SP	Spear
C	Charging
M	Misconduct

T	Trip
US	Unsportsmanlike Conduct
XC	Cross Check

[illegible]

Division	blowe 2
Arena	NaVi
Date	1-7-16
Game No.	
Game Start Time	9:30 Am
Period Length	15-15-15

Little Caesars

AMATEUR HOCKEY LEAGUE

Curfew Arena (Please circle) Yes No

Home HC Sig.

Visitor HC Sig.

Allotted Game Time 80 min

Game End Time 101 55

Scoring	1	2	3	Total
Home	0	2	1	3
Visitor	1	0	2	3

Home #	Name	Visitor #	Name

[illegible][illegible]