#### 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 <u>CEP level</u> mandated by USA Hockey. It must also show that Coaches and Managers have completed the USA Hockey <u>Safe Sport</u> training, completed <u>Background Screening</u> and the required <u>Coaching Module</u> . 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.
		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)
Ш	7.	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
	٦.	Required to verify Division 1 or Division 2 team classification

## M.A.H.A. DISTRICT / STATE PLAYOFFS: TEAM CREDENTIALS DIVISION: COMPLETE TOP PORTION OF THIS PAGE & CREDENTIALS VERIFICATION SHEET **ASSOCIATION:** BRING TO CREDENTIALS REVIEW. PLEASE PRINT **TEAM NAME:** COLORS: HOME: AWAY: TEAM CONTACT: NAME: COACH: ADDRESS: MANAGER: PH: H: ( ) PH: C: ( ) E-MAIL ADDRESS: ALT. CONTACT: NAME: COACH: ADDRESS: MANAGER: CITY: PH: H: ( ) PH: W: ( ) PH: C: ( ) E-MAIL ADDRESS: PHONE NO: HOTEL: ROOM #: **CREDENTIALS CHECK:** For M.A.H.A. Use Only: **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: MAHA Team Credential Form page 2 credentials

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BOULWARE RICHARD	1	16	08/18/2014	х	Х	Х	Х	Х	х	Х	х	Х	х	Х	Х	Х	х	Х	Х	х	х	Х	х	х	Х	Х	x	Ø	<b>V</b>	1	İ	<b>√</b>	<del> </del>	✝	T	$\vdash$	Г
COOPER DREW		4	08/18/2014	Х	Х	х	X	Х	х	Х	Х	Х	X	X	Х	Х	Х	Х	Х	х	Х	Х	х	Х	Х	Х	X	Ø	<b>√</b>	1-		<b>V</b>	T		T	1	
DALES JAMES	:	2	08/18/2014	X	X	Х	Х	Х	х	Х	Х	Х	X	X	Х	Х	Х	X	Х	X.	Х	Х	х	Х	Х	X	X	☑	1	T		<b>V</b>			T	$\vdash$	Г
DEGUZMAN NOAH	7	77	08/18/2014	х	Х	Х	Х	Х	х	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	X	X	Х	X	Х	Х	X	図	~	Т		7			1	1	Γ
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MILLETTE REGGIE		79	08/18/2014	X		х	Х	Х	X	Х	X		X	Х	Х	х	X	Х	Х	Х	X	X	X	Х	X	Х	Х	Ø	7	П	П	<b>V</b>	Γ.	Г	T	П	Г
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SWENSON JORDAN	1	14	08/18/2014	Х	Х	Х	Х	-	×	Х	Х	Х	Х	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Ø	<b>V</b>	Γ.	[	7					
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TRAGGE WILL	3	34	08/18/2014	Х	Х	Х	Х	Χ	X	Х	Х	Х	Х	Х	X	Х	Х	Х	Х	Х	Х	Х	Х	X	Х	Х	X	⊻	✓			<b>V</b>					
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TUCKER MAXWELL		9	08/18/2014	X	Х	Х	Х	X	X	Х	Х	Х	Х	Х	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	☑	7			7	Γ-			$\Box$	П
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IF NOT CHECKED, YOU NEED TO PROVIDE EVIDENCE OF COMPLETION

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 I

#### Players (20)

Last Name	First Name	DOB	DOB Verification	Transfer Status	Zip
BORTHWICK	JOSEPH	08/2000	Verified	N/A	48167-1084
BOULWARE	RICHARD	06/2000	Verified	NA	48183-3548
COOPER	DREW	08/2000	Verified	N/A	48103-9059
DALES	JAMES	07/2000	Verified	NA	48167-2638
DEGUZMAN	NOAH	04/2000	Verified	N/A	48170-5852
GARBY	ANDREW	09/2000	Verified	N/A	48188-8502
GIRAGOSIAN	ALEC	04/2000	Verified	N/A	48374-3775
GOGUEN	BENJAMIN	01/2000	Verified	N/A	48331-4210
KHLIDENKO	MIKHAIL	06/2000	Verified	N/A	48187-1292
KRAWIEC	DYLAN	04/2000	Verified	N/A	48377-2720
LAMBERT	HUGH	04/2000	Verified	AVA	48168-6824
LEFERE	ROBBY	05/2000	Verified	N/A	49201-8338
MILLEITEII	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		Card Number		Certification Expires	CAS Modules	SafeSport	Screening
SCERO	RICKY	Head Coach	284122	4	12/31/20**	BA14, PW12, 0	Verified	
HAYES	ANTHONY	Coach	435168	1	12/31/2015	BA14	Not Verified	
SCERO	BRANDON	Coach	350039	4	12/31/20**	BA14, PW12, 0	Not Verified	N

To see Officials agree to abide by all Rivins and Regulations of USA Hockey and Afficiate Association. A "V" in the V column (OOB Verificiates) edicates the OOB has been verified by USAH, no additional decuments are required. An open circle in the C column incleases a Non-US Citizen without a completed Resist of A circle with a S or T indicates a resister has been completed. S=Surfeet Visa and T=inter approved Visa Individuals listed as a log-Toran Rep may not participated on-ice activities, or be on the breat darking genes.

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



Home Settings (Relp Personnel Teams Reports Forms Verification Historical Reports

Download Team History

#### **Test Midget Team**

Team ID: 9MIH0000-16RY18R2B
Program: MIH0000
Local Association: MICHIGAN AHA
Current Verification: Thu Sep 27 2018 08:47:49 EDT
Original Verification: Thu Sep 27 2018 08:47:49 EDT
Season Type: Regular
Team Type: Youth
Classification: 18 & Under (Midget)
Category: House/Rec
Division: 88

#### Changelog

Date	User	Change	Member Type	Last Name	First Name
Thu Sep 27 2018 08:47:49 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Division ch.	anged from V	AR' to 1981	
Thu Sep 27 2018 08:47:49 EDT	YOHE, ROBERT (MICHREGISTRAR()GMAIL.COM)	Category ch	nanged from "	Travel to 'Hou	ise/Rec*
Thu Sep 27 2018 08:47:49 EDT	YOHE, ROBERT (MICHREGISTRAR@GMAIL.COM)	Classification Under (Mid	on changed fre	om "HS/Prep (	Nv 1' to '18 8
Thu Sep 27 2018 08:47:49 EDT	YOHE, ROBERT (MICHREGISTRARIPGMAIL.COM)		anged from 'S 16RY18R28'	MIH0000-168	YHSTVA' to
Thu Sep 27 2018 08:47:49 EDT	YOHE, ROBERT (MICHREGISTRARIPGIMALL.COM)	Team Appr	oved		
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	YOME, ROBERT (MICHREGISTRAR@GMAIL.COM)	Approved	Player	REGULA	ALEC
Thu Sep 27 2018	YOHE, ROBERT				
08:43:10 EDT	(MICHREGISTRAR@GMAIL.COM)	Approved	Player	GRUDEN	JON
Thu Sep 27 2018 08:43:10 EDT	YOHE ROBERT (MICHREGISTRAR/BGMAIL.COM)	Approved	Staff	BOWMAN	GORDON
Thu Sep 27 2018 08:43:10 EDT	YOHE, ROBERT (MICHREGISTRAR/BIGMAIL.COM)	Team Subn	nitted		
Thu Sep 27 2018 08:43:10 EDT	YOHE, ROBERT (MICHREGISTRAR/DGMAIL.COM)	Team Appr	oved		

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# USA Hockey Consent To Treat/Medical History Form



This is to certify that on this da	ite, I	, as parent o
guardian of	, (athle	ete participant), or for myself as ar
		al representative to obtain medica
		mentioned participant, for any injury
that could arise from participation	in USA Hockey sanctioned eve	ents.
If said participant is covered by a	ny insurance company, please o	complete the following:
•		Date:
	int dignature.	
•	istered team participants. For fu	, exclusions and certain limitations rther details visit usahockey.com o
EMERGENCY CONTACT		
Name:		Phone: ()
Address:		
City:	State:	Zip Code:
Physician's Name:		Phone: ()
Hospital of Choice:		
COMPLETION OF MED	DICAL HISTORY INFORMATIO	N BELOW IS OPTIONAL
MEDICAL HISTORY  If the answer to any of the foimplications for proper first aid		se describe the problem and its m.
Head Injury (concussion, skull fracture)	Asthma	Allergies
	☐ High blood pressure	Diabetes
☐ Fainting spells	☐ Kidney problems	Other
<ul><li>Convulsions/epilepsy</li><li>Neck or back injury</li></ul>	<ul><li>Hernia</li><li>Heart murmur</li></ul>	
Neck of back injury		
Have you had (or do you curre	ently have) any of the following	g?
Have you had a recent tetanus	booster? 🔲 Yes 🔲 No 🛭	f yes, when?
Are you currently taking any medi	cations? 🔲 Yes 🔲 No If yes	s, please list all medications on back.
Has a doctor placed any restriction	ons on your activity? $\square$ Yes $\square$	No If yes, please explain on back.



## Michigan Amateur Hockey Association Game Log

	Page	of
Team Name:		
Division:		
Association:		
Season:		

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