

<b>M.A.H.A. DISTRICT / STATE PLAYOFFS: TEAM CREDENTIALS</b>	
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**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: \_\_\_\_\_

CONTACT PHONE

E-MAIL ADDRESS: \_\_\_\_\_

**ALT. CONTACT:** NAME: \_\_\_\_\_

COACH: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

MANAGER: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_

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:

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PAYMENT to MAHA:                      AMOUNT:                      CHECK #:

PAYMENT to ASSOCIATION: AMOUNT: CHECK #:

Received By:



2025-2026 Official Team Roster



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: Sat Oct 18 2025 19:02:38 Central Daylight Time  
Last Updated: Fri Oct 31 2025 20:19:41 Central Daylight Time  
Approved by: LACOURT, MICHELE

Program: MIH8513	Team: CC Junior Huskies - DB Tile	Classification: 10 & Under
Association: COPPER COUNTRY JUNIOR HOCKEY ASSOCIATION	Team ID: 6MIH8513-18RT31B	Category: Tier III Division: B

Players (12)

Last Name	First Name	Jersey #	Position	DOB	DOB Verification	SafeSport	Transfer	Zip
		H 3    A 3	None		Verified	Not Applicable	N/A	
		H 6    A 6	None		Verified	Not Applicable	N/A	
		H 5    A 5	None		Verified	Not Applicable	N/A	
		H 14    A 14	None		Verified	Not Applicable	N/A	
		H 1    A 1	Goalie		Verified	Not Applicable	N/A	
		H 4    A 4	None		Verified	Not Applicable	N/A	
		H 9    A 9	None		Verified	Not Applicable	N/A	
		H 8    A 8	None		Verified	Not Applicable	N/A	
		H 10    A 10	None		Verified	Not Applicable	N/A	
		H 15    A 15	None		Verified	Not Applicable	N/A	
		H 2    A 2	None		Verified	Not Applicable	N/A	
		H 7    A 7	None		Verified	Not Applicable	N/A	

Staff (3)

Last Name	First Name	Position	Card Number	Level Certified	Certification Expires	Credits	Module	SafeSport	Screening
		Head Coach/LRM	0000119629	4	12/31/2028	0	SQ10	Verified	Completed
Email:									
		Assistant Coach/LRM	0000635494	1	12/31/2026	0	None	Verified	Completed
Email:									
		Assistant Coach/LRM	0000547069	3	12/31/2026	0	None	Verified	Completed
Email:									

\* 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.



## 2025-2026 Official Team Roster



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: **Fri Oct 17 2025 19:26:21 Eastern Daylight Time**

Last Updated: **Fri Oct 31 2025 21:19:41 Eastern Daylight Time**

Approved by: **MICHELE LACOURT**

Program: <b>MIH8513</b>	Team: <b>CC Junior Huskies - DB Tile</b>	Classification: <b>10 &amp; Under</b>
Association: <b>COPPER COUNTRY JUNIOR HOCKEY ASSOCIATION</b>	Team ID: <b>6MIH8513-18RT31B</b>	Category: <b>Tier III Division: B</b>

### Players (12)

Last Name	First Name	Jersey #	Position	DOB	DOB Verification	SafeSport	Date to Expire	Transfer	City	State	Zip
[REDACTED]	[REDACTED]	H 3 A 3		[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
		H 6 A 6		[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
		H 5 A 5		[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
		H 14 A 14		[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
		H 1 A 1	Goalie	[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
		H 4 A 4		[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
		H 9 A 9		[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
		H 8 A 8		[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
		H 10 A 10		[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
		H 15 A 15		[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
		H 2 A 2		[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
		H 7 A 7		[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]

### Staff (3)

Last Name	First Name	Position	Card Number	Level Certified	Certifications Expires	Credits	Module	SafeSport	Date to Expire	Screening
[REDACTED]	[REDACTED]	Head Coach/LRM	[REDACTED]	4	[REDACTED]	0	CFD,PW12,PW12,SQ10,SQ10,SQ10PW12	Complete	08/17/2026	Complete
Email: [REDACTED]	Phone: [REDACTED]	Address: 10 [REDACTED]								
[REDACTED]	[REDACTED]	Assistant Coach/LRM	[REDACTED]	1	[REDACTED]	0	SQ10PW12	Complete	10/21/2026	Complete
Email: [REDACTED]	Phone: [REDACTED]	Address: [REDACTED]								
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	3	[REDACTED]	0	CFD,SQ10PW12	Complete	09/17/2026	Complete
Email: TPSTUROS@MTU.EDU	Phone: (810) 623-7462	Address: [REDACTED]								

\* 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.

# CHANGE LOG

Date/Local Time	Date/GMT	Team	Team ID	User	Change	Member Type	Last Name	First Name
10/31/25 14:55	10/31/25 18:55	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Staff	[REDACTED]	AN
10/31/25 14:55	10/31/25 18:55	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Staff	[REDACTED]	AN
10/24/25 8:28	10/24/25 12:28	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Player	[REDACTED]	M
10/24/25 8:28	10/24/25 12:28	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Player	[REDACTED]	M
10/18/25 20:02	10/19/25 0:02	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Team Approved			
10/17/25 19:26	10/17/25 23:26	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Team Submitted			
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Player	[REDACTED]	N
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Player	[REDACTED]	N
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Player	[REDACTED]	
10/17/25 19:25	10/17/25 23:25	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Player	[REDACTED]	
10/13/25 16:21	10/13/25 20:21	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Staff	[REDACTED]	
10/13/25 16:21	10/13/25 20:21	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	LACOURT, MICHELE (michele.lacourt@usahockey.org)	Approved	Staff	[REDACTED]	N
10/13/25 16:21	10/13/25 20:21	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Staff	[REDACTED]	
10/13/25 16:21	10/13/25 20:21	CC Junior Huskies - DB Tile	6MIH8513-18RT31B	BENNETT, RYAN (TK421RMB@GMAIL.COM)	Added	Staff	[REDACTED]	N





# Michigan Amateur Hockey Association Game Log

Team Name: CC Jr. Huskies - Team Name

Division: 10UB

Association: CCJHA

Season: 2025-26

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	10/1/2025	B	Red Wings	Detroit, MI	G	N
2	10/4/2025	B	Predators	Nashville, MI	G	N
3	10/9/2025	B	Avalanche	Hancock, MI	G	N
4	10/10/2025	A	Team USA	Houghton, MI	G	N
5	10/14/2025	B	Golden Knights	Las Vegas, NV	T	N
6	10/17/2025	B	LA Kings	Los Angeles, CA	T	N
7	10/20/2025	B	McDonald's	Houghton, MI	G	N
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

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

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

GAMESHEET PRINTED  
OUT OR PAPER  
SCORESHEET  
FOR EVERY GAME  
PLAYED

Game No:	
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FINAL SCORE HOME 5 VISITOR 3

☒ REGULAR SEASON  
☐ EXHIBITION  
☐ TOURNAMENT  
☐ PLAYOFF

OFFICIAL SCORER			
Phone #			
Curfew Time 12:00 AM	V init	H init	Flood Between <input type="checkbox"/> 1st & 2nd <input type="checkbox"/> 2nd & 3rd <input checked="" type="checkbox"/> None

Length of Game	
1st	<u>13</u> Stop
2nd	<u>13</u> Stop
3rd	<u>13</u> Stop
OT	<u>10</u> S/V

Date Dec 13, 2025

Division 10U - Squirt B

CategoryLocation of Game George Gipp Arena Rink 1League MAHA Exhibition League

PLAYOFF GAME OF

[illegible]

Head Coach	
Trainer	
Manager, Asst. Coach or Asst. Trainer	
Manager, Asst. Coach or Asst. Trainer	
Manager, Asst. Coach or Asst. Trainer	

GOALIE	SHOTS				MINUTES PLAYED
	1	2	3	TOTAL	
1	0	0	0	0	39.00
TOTAL	0	0	0		39.00

Head Coach	[REDACTED]	2
Trainer		
Manager, Asst. Coach or Asst. Trainer	[REDACTED]	12
Manager, Asst. Coach or Asst. Trainer		
Manager, Asst. Coach or Asst. Trainer		

GOALIE	SHOTS				MINUTES PLAYED
	1	2	3	TOTAL	
1	0	0	0	0	39.00
TOTAL	0	0	0	0	39.00

Referee	[REDACTED]	[REDACTED]	B00123CB-1F81-4C30-BFA9-68F0566AC2EC
Referee/Linesman	[REDACTED]	[REDACTED]	B4EE2B1D-79E1-4E70-B0DB-A38BF0D94D8B
Linesman			
Linesman 4 OFFICIAL SYSTEM			

Time Game Started	9:00 AM
Ended	







Filled out for all players, coaches, staff

USA Hockey



## Consent To Treat/Medical History Form

14U AA ONLY

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](http://usahockey.com) or contact USA Hockey at (719) 576-USAH.

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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<br>(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.