





## 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
[REDACTED]		H 3	A 3	None	[REDACTED]	Verified	Not Applicable	N/A
[REDACTED]		H 6	A 6	None	[REDACTED]	Verified	Not Applicable	N/A
[REDACTED]		H 5	A 5	None	[REDACTED]	Verified	Not Applicable	N/A
[REDACTED]		H 14	A 14	None	[REDACTED]	Verified	Not Applicable	N/A
[REDACTED]		H 1	A 1	Goalie	[REDACTED]	Verified	Not Applicable	N/A
[REDACTED]		H 4	A 4	None	[REDACTED]	Verified	Not Applicable	N/A
[REDACTED]		H 9	A 9	None	[REDACTED]	Verified	Not Applicable	N/A
[REDACTED]		H 8	A 8	None	[REDACTED]	Verified	Not Applicable	N/A
[REDACTED]		H 10	A 10	None	[REDACTED]	Verified	Not Applicable	N/A
[REDACTED]		H 15	A 15	None	[REDACTED]	Verified	Not Applicable	N/A
[REDACTED]		H 2	A 2	None	[REDACTED]	Verified	Not Applicable	N/A
[REDACTED]		H 7	A 7	None	[REDACTED]	Verified	Not Applicable	N/A

### Staff (3)

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



## 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</b> Division: <b>B</b>

### Players (12)

Last Name	First Name	Jersey #	Position	DOB	DOB Verification	SafeSport	Date to Expire	Transfer	City	State	Zip
[REDACTED]		H 3	A 3	[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		H 6	A 6	[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		H 5	A 5	[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		H 14	A 14	[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		H 1	A 1	Goalie	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		H 4	A 4	[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		H 9	A 9	[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		H 8	A 8	[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		H 10	A 10	[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		H 15	A 15	[REDACTED]	V	Not Required		N/A	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		H 2	A 2	[REDACTED]	V	Not Required		N/A	[REDACTED]	[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]		Head Coach/LRM	[REDACTED]	4	[REDACTED]	0	CFD,PW12,PW12,SQ10,SQ10,SQ10PW12	Complete	08/17/2026	Complete
Email: [REDACTED]	Phone: [REDACTED]	Address: [REDACTED]								
[REDACTED]		Assistant Coach/LRM	[REDACTED]	1	[REDACTED]	0	SQ10PW12	Complete	10/21/2026	Complete
Email: [REDACTED]	Phone: [REDACTED]	Address: [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



# CREDENTIALS VERIFICATION SHEET

## DISTRICT / REGIONAL / NATIONAL

Team: CC Junior Huskies - DB Tile  
 Team ID: 6MIH8513-18RT31B  
 Program: MIH8513

Classification: 10 & Under  
 Category: Tier III  
 Division: B

Contact: [REDACTED]  
 Phone: [REDACTED]  
 Email: [REDACTED]

ENTER GAME DATE

Player Name	Position	Jersey	Date Rostered	10/1	10/7	10/14	10/21	10/28	10/31	11/4	11/10	11/12	11/18	12/1	12/8	13	14	15	16	17	18	19	20	21	22	23	24
1 [REDACTED]		3	3	10/19/2025	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y													
2 [REDACTED]		6	6	10/19/2025	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y												
3 [REDACTED]		5	5	10/19/2025	X	X	X		X	X	X	X	X	X													
4 [REDACTED]		14	14	10/19/2025	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y												
5 [REDACTED]	Goalie	1	1	10/28/2025	X	X	X	X	X	X	X	X	X	X	X												
6 [REDACTED]		4	4	10/19/2025	X	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y												
7 [REDACTED]		9	9	10/19/2025	X	X	X	X	X	X	X	X	X	X	X												
8 [REDACTED]		8	8	10/19/2025	X	X		X	X	X	X	X	X	X	X												
9 [REDACTED]		10	10	10/19/2025	X	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y												
10 [REDACTED]		15	15	10/19/2025	X	X	X	X	X	X	X	X	X	X	X												
11 [REDACTED]		2	2	10/19/2025	X	X	X	X		X	X	X	X	X	X												
12 [REDACTED]		7	7	10/19/2025	X	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y												
13																											
14																											
15																											
16																											
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30																											

Team Staff	Staff Position	Lev - Exp - Card	Module	SafeSport	Screening	Cons. to Treat	NOTE: Check each block to indicate number of games a player has played, in the date order of games played.
1 [REDACTED]	Head Coach/LRM	4-12/28-0000119629	SQ10	✓	✓		YOUTH: Min of ten (10) game for each player and min twenty (20) game for each team (20/10 Rule).
2 [REDACTED]	Assistant Coach/LRM	1-12/26-0000635494		✓	✓		
3 [REDACTED]	Assistant Coach/LRM	3-12/26-0000547069		✓	✓		
4							GIRLS/WOMEN: Min of ten (10) game for each player and min fourteen (14) games for each team (14/10 Rule).
5							



## 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:

FINAL SCORE

HOME

5

VISITOR

3

GAME TYPE  
 REGULAR SEASON  
 EXHIBITION  
 TOURNAMENT  
 PLAYOFF

OFFICIAL SCORER

Phone #

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

Date Dec 13, 2025

Division 10U - Squirt B

Category

League MAHA Exhibition League

PLAYOFF GAME

GAME OF

Location of Game George Gipp Arena Rink 1

**HOME**

Calumet Insight Eye Care 10U B

NO. AP — AFFILIATED PLAYER C — CAPTAIN A — ALTERNATE

1 G  
12  
2  
11  
5  
15  
3  
10  
8  
14

**HOME PENALTIES**

PER	NO.	MIN.	Code Infraction	OFF	START	ON
-----	-----	------	-----------------	-----	-------	----

2	3	1.5	TR-MIN	03:48	03:48	
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3	10	1.5	TR-MIN	06:01	06:01	
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**SCORING**

PER	TIME	G	A	A
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2	08:19	2		
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2	04:50	15		
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3	09:08	12		
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3	02:46			
---	-------	--	--	--

3	00:10	11		
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**VISITOR**

Coltr Huskies - DB Tile 10U B

NO. AP — AFFILIATED PLAYER C — CAPTAIN A — ALTERNATE

1  
3  
6  
5  
14  
4  
9  
8  
10  
15  
2  
7

**VISITOR PENALTIES**

PER	NO.	MIN.	Code Infraction	OFF	START	ON
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1						
---	--	--	--	--	--	--

2						
---	--	--	--	--	--	--

3						
---	--	--	--	--	--	--

**VISITOR SCORING**

PER	TIME	G	A	A
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1	01:30	14		
---	-------	----	--	--

2	02:19	14		
---	-------	----	--	--

3	08:27	7		
---	-------	---	--	--

List Suspended Players/Officials NO. of Games

3

HOME

5

Head Coach

[REDACTED]

Trainer

[REDACTED]

Manager, Asst. Coach or Asst. Trainer

[REDACTED]

Manager, Asst. Coach or Asst. Trainer

[REDACTED]

Manager, Asst. Coach or Asst. Trainer

[REDACTED]

3

TOTAL PENALTY MINUTES

HOME

5

GOALIE

SHOTS

MINUTES PLAYED

1

2

3

TOTAL

0

0

0

0

TOTAL

0

0

0

39.00

Referee

[REDACTED]

[REDACTED]

Referee/Linesman

[REDACTED]

[REDACTED]

Linesman

[REDACTED]

[REDACTED]

LINESMAN 4 OFFICIAL SYSTEM

B00123CB-1F81-4C30-BFA9-68F0566AC2EC

B4EE2B1D-79E1-4E70-B0DB-A38BF0D94D8B

Time Game Started  
9:00 AM  
Ended



**GAMESHEET**  
WWW.GAMESHEETINC.COM





Filled out for all players, coaches, staff  
USA Hockey



## Consent To Treat/Medical History Form

14UAA 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 (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.