



**MICHIGAN AMATEUR HOCKEY ASSOCIATION**  
**Statement of Negative COVID-19 Test Result**  
**(Must be completely filled out)**

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Participant Name

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Organization / Team

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Date of Test

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Time of Test

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Facility Name (test administrator)

I hereby certify that the information provided in this Statement is correct and complete, and that a negative COVID-19 test result was confirmed on the participant named above. This is in accordance with the March 20<sup>th</sup> Interim Guidance for Athletics, issued by the Michigan Department of Health & Human Services. I also acknowledge that disciplinary action can be taken against me, or the participant above, should MAHA later determine that this Statement is not accurate.

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Participant Signature & Date

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Parent / Guardian Signature & Date (Required If Athlete is a Minor)