Multiple Player Affiliation Agreement

Any Teams (Novice through Midget) wishing to register an Affiliate, MUST complete this form and submit it to the ADMHA Registrar. Email: registrar@admha.com Please PRINT all information clearly.

PLAYER'S NAME (FIRST/LAST)	PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE

DATE: _____

CURRENT TEAM NAME: _____ **DIVISION**: _____**CATEGORY/TIER**: _____

AFFILIATING TEAM: **DIVISION**: _____**CATEGORY/TIER**: _____

FORM COMPLETED BY: (FIRST/LAST NAME):

_____

TEAM/POSITION: _____**SIGNATURE**: _____

A PLAYER MAY ONLY BE AFFILIATED TO ONE (1) TEAM.

No affiliate can play until the ADMHA Registrar advises the teams that the registration process is complete. Once this is done, teams must use the proper process for requesting and using an affiliate.

CURRENT COACH _____**SIGNATURE**: _____

ADMHA REGISTRAR USE ONLY

DATE RECEIVED (from Affiliating Team):_____**RECEIVED BY** (Registrar): _____

HOCKEY ALBERTA REGISTRATION COMPLETE (DATE): _____

TEAMS NOTIFIED AFFILIATE IS NOW REGISTERED AS PER ABOVE AGREEMENT (DATE): _____

REGISTRAR SIGNATURE: _____