



Individual 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): _____ DATE: _____

BIRTHDATE: YEAR _____ MONTH: _____ DAY: _____

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.

PARENT'S SIGNATURE: _____ PLAYER'S SIGNATURE: _____

PARENT'S NAME (FIRST/LAST, please print): _____

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: _____