



MALE HOCKEY ADM – PLAYER AGREEMENT

Player Information:

Last Name: _____ First Name: _____

Date of Birth: _____ / _____ / _____ (mm/dd/yyyy) Resident MHA: _____

Address: _____ City: _____, AB PC: _____

Ph #: _____ Email: _____

Position: Goaltender Forward Defense

Team Information:

Team Name: _____ Host MHA: _____

Team Contact: _____

Ph #: _____ Email: _____

Player Commitment:

As a player within the Male Hockey ADM, I recognize that by signing this Player Agreement, I have committed to register with and remain a member of the team for the _____ season.

- I agree to perform to the best of my ability, while following the direction of the coaches;
- I agree to be open to new challenges and come to all team events with the goal to get better each day.
- I accept that playing time is determined at the sole discretion of the coaches; and will be managed appropriately in accordance with the Associations developmental guidelines.
- I will make every effort to succeed athletically, scholastically and personally.
- I will strive to be a good teammate and will not bully or intimidate any of my fellow players.
- I shall comply with all "Team Guidelines & Rules" as communicated by the coaching staff.
- I acknowledge that a player may be released from the Player Agreement under the following conditions:
 - failure to attend school
 - use of tobacco products/alcohol/illegal drugs at any team event
 - consistently violating team curfews
 - disrespectful behavior both on/off ice
 - failure to comply with other aspects of the team's "Guidelines & Rules"
- My family commits to pay annual registration fees as stipulated by the Team
- I understand that in the event the team registers the maximum number of allotted players, and a player who was registered the previous season with the team is released from a higher Division or Category, I may be released from the team to accommodate the returning player.

By checking this box and signing below, I acknowledge that I have read and agree to the terms outlined within this agreement as well as the Male Hockey ADM.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Player Name: _____ Signature: _____ Date: _____

Elite Host MHA President: _____ Signature: _____ Date: _____

A completed copy of this Player Agreement must be uploaded onto the Hockey Canada Registry (HCR) on the Participants record, under Documents, in order to be considered valid.

