

**Chilliwack Minor Hockey Association**

5725 Tyson Road, Chilliwack, BC V2R 2L1

**Mailing Address**

P.O. Box 2416 Station Sardis Main, Chilliwack, BC V2R 1A7

**Tel**: 604-858-6031

**E-Mail**: [info@chilliwackminorhockey.com](mailto:info@chilliwackminorhockey.com) / **Web Site**: [www.chilliwackminorhockey.com](http://www.chilliwackminorhockey.com)

**Chilliwack Minor Hockey Affiliate Request**

|  |  |
| --- | --- |
| Affiliate Team: |  |
| Home Team: |  |

|  |  |
| --- | --- |
| Childs Name: |  |
| Parent(s) Name: |  |
| Phone: |  |
| Email: |  |

In order to promote player development at all levels of hockey, CMHA promotes an affiliation process which maximizes the opportunity for players to develop by playing with higher level teams. CMHA encourages affiliate participation in practices and games whenever possible.

Please note a mandatory requirement is a “C” player does not participate in rep evaluations, he or she must pay the rep evaluation fee prior to a team rostering the player as an affiliate.

“C” players may only affiliate to the lowest Rep team in their division and may not affiliate to an “A” team in a higher division.

*The following can be read from the policy manual under 5.2.4*

**Affiliating Coach - Affiliate Use at Practices**

All CMHA Rep teams must invite affiliate players to practices each month, even is the affiliate is not used in a game. Having affiliated players participate in team practices on a regular basis provides development opportunities and ensures that affiliated players understand team routines, playing tactics and personnel.

Coaches may not use a player to replace willing, capable and healthy players already rostered to the team or to discipline regular team members.

**Current Coach – Allowing player to Affiliate**

Allowing the player on your team to affiliate to the above team does not affect regular team play. No events that take place on current team.

**Player**

Please accept or refuse this invitation within seven days. If you accept this invitation, please include the accurate the accurate contact information for your call ups.

Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliate Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_