

## **KPMHA AFFILIATION PLAYER PERMISSION FORM**

TEAM AFFILIATING TO: \_\_\_\_\_

PLAYERS NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REGULAR SEASON TEAM: \_\_\_\_\_

REGULAR SEASON HEAD COACH: \_\_\_\_\_

REGULAR SEASON HEAD COACH'S SIGNATURE: \_\_\_\_\_

AFFILIATING HEAD COACH'S SIGNATURE: \_\_\_\_\_

I fully understand that my child has been asked to become an affiliate player for the above-mentioned team. I agree to abide by the rules and regulations as set by the Hockey Canada, BC Hockey, VIAHA as well as KPMHA. I understand my child can only be an affiliate with one team. I understand that my child can only attend a maximum of one rep practice time per week unless he/she is replacing an injured, absent or suspended player.

I understand that my child's regular team coach requires my child to attend all of the regular team practices and each time my child is used as an affiliate player he/she must return to his/her regular season team. I also understand that affiliate players are limited to ten (10) games maximum over the course of a season. Affiliate players may not play an eleventh game until their carded team has completed their season. An affiliate player who does participate in more than ten games will be deemed to be an ineligible player.

I hereby grant permission for my child to become an affiliate player upon the above conditions.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that I have been asked to participate as an affiliate player on the \_\_\_\_\_ team. I understand that my primary commitment remains with my regular season team and that I will be returning to that team. I understand that my regular team coach requires that I attend all my regular team practices in addition to any practices that I participate in with the affiliating team. I know that my contribution to the affiliating team will be recognised and that I will have the opportunity to play regular shifts during any game I am called up for. I also understand that the affiliated Team Head Coach may change his mind at any point if I am unable to keep up with the team during practices.

Player's signature \_\_\_\_\_ Date \_\_\_\_\_