



## Named Player Affiliation Agreement

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

Minor Hockey Affiliation Deadline is December 15<sup>th</sup> of current Hockey Season

Players Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

E-mail: \_\_\_\_\_

Players signature: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Registered Team: \_\_\_\_\_

Division \_\_\_\_\_

Team Coach: \_\_\_\_\_

Signature: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_

E-mail: \_\_\_\_\_

Requesting Team: \_\_\_\_\_

Division: \_\_\_\_\_

Team Coach: \_\_\_\_\_

Signature: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_

E-mail: \_\_\_\_\_

Division Directors Signature: \_\_\_\_\_

LMHA General Manager Signature: \_\_\_\_\_

An affiliated Player may only play with the Hockey Team to which the player is affiliated up to a maximum of ten(10) games, excluding exhibition and tournament games.

Please refer to Lloydminster Minor Hockey Associations Procedures Section 'R' on Affiliations.