



## Named Player Affiliation Agreement

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

### Player Information

Player Name: _____	Date of Birth: _____
Parent/Guardian: _____	Contact: _____
Address: _____	City/Town: _____
Respect in Sport #: _____	

### Team Information

Register Team: _____	Division: _____
Team Coach: _____	MHA President: _____
Affiliate Team: _____	Division: _____
Affiliate Team Coach: _____	

### Authorization

I have read and understand the below listed Regulations as they pertain to Affiliation Agreements.

Player Name: _____ (Please Print)	Signature: _____
Parent/Guardian Name: _____ (Please Print)	Signature: _____
Registered Team Designate: _____ (Please Print)	Signature: _____
Affiliated Team Designate: _____ (Please Print)	Signature: _____

#### HOCKEY CANADA REGULATIONS STATE:

##### F. AFFILIATION

##### GENERAL AFFILIATION PROCEDURES

4. Once a Player's Hockey Canada registration has been endorsed by the Member Executive Director as being an Affiliated Player, his name becomes part of the selecting Team's list of Affiliated Players and may not be dropped from such list during the current season and replaced, unless:

- a) the Team with which he registered Releases him on or before January 10; or
- b) the team that holds his playing rights in the higher Division or Category, transfers those rights to another Team in the same Division or Category

5. No Player is permitted to be part of more than one (1) specially Affiliated Player's list at any one time during the current season.

10. All affiliations shall terminate at the end of the current Season.