

Player Affiliation Form

Player Name: _____

Parent/Guardian Name: _____

Team Requesting Affiliation: _____

Registered Team: _____

Requesting Coach will contact the Head Coach of the team they wish to affiliate a player from and will not contact the player directly. AP Head Coach acknowledges that they must contact the Registered Head Coach prior to EACH game they wish the affiliate player to participate in with the affiliated team. AP Coaches will not contact players directly until permission for that game has been obtained from the Registered Head Coach.

The maximum games played as an affiliate will be 10 games, as per Hockey Alberta regulations. All affiliations terminate at the end of the current season.

I acknowledge that once affiliated with a team, my registered team is priority, and that I am obliged to play for my registered team. I must have permission from my Head Coach to play as an affiliate on an affiliate team prior to playing each game as an affiliate.

Registered Team Head Coach Sign Off: _____

Requesting Team Head Coach Sign Off: _____

Player Sign Off: _____

Parent/Guardian Sign Off: _____

When complete please email this form to playerdevelopment@blindmanvalleymha.com and wait for confirmation your AP has been rostered before playing them.