



Named Player Affiliation Agreement

Date: _____

Minor Hockey Affiliation Deadline: December 15th of Current Hockey Season

Players Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

City: _____ Email: _____

Registered Team Number: _____ Requesting Team Number: _____

Registered Team Coach: _____ Requesting Team Coach: _____

Primary Phone #: _____ Primary Phone #: _____

All affiliations must follow the Bylaws and Policies provided from the St Albert Minor Hockey Association, Hockey Alberta and Hockey Canada.

We acknowledge that this affiliation is from a Non-Checking team to a Checking team

Player Name: _____ (please print) Signature: _____

Parent Name: _____ (please print) Signature: _____

Registered Team Designate: _____ (please print) Signature: _____

Requesting Team Designate: _____ (please print) Signature: _____