

**SWIFT CURRENT MINOR HOCKEY ASSOCIATION
AFFILIATION ACKNOWLEDGEMENT FORM**

I _____ coach of the _____
(coach) please print (team)

request the affiliation of _____
(players name) & (DOB- Y/M/D)

from the _____ to be affiliated with our
(team)

hockey team for the 2024/2025 hockey season.

Requesting Coach's Signature: _____

Date: _____

AP'D Player Coach's Signature: _____

Date: _____

Parent or Legal Guardian's Signature: _____

Date: _____

Affiliated Player's Signature: _____

Date: _____

A PLAYER CAN ONLY BE AP'D TO ONE TEAM AT ANY ONE TIME