



## Wetaskiwin Minor Hockey Association Individual Player Affiliation Agreement



PLAYER'S NAME (FIRST/LAST): \_\_\_\_\_ DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_

HOCKEY ID#: \_\_\_\_\_ HOME ASSOCIATION: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT TEAM NAME: \_\_\_\_\_ DIVISION: \_\_\_\_\_ TIER: \_\_\_\_\_

CURRENT ASSOCIATION: *Wetaskiwin Minor Hockey Association*

AFFILIATING TEAM NAME: \_\_\_\_\_ DIVISION: \_\_\_\_\_ TIER: \_\_\_\_\_

FORM COMPLETED BY (FIRST/LAST NAME): \_\_\_\_\_

TEAM/POSITION: \_\_\_\_\_

### **A PLAYER MAY ONLY BE AFFILIATED TO ONE (1) TEAM.**

No affiliate can play until the WMHA Registrar advises the teams that the registration process is complete. Once this is done, teams must use the proper process for requesting and using an affiliate.

PARNETS SIGNATURE: \_\_\_\_\_ PLAYERS SIGNATURE: \_\_\_\_\_

PARENTS NAME (FIRST/LAST, please print): \_\_\_\_\_

CURRENT COACH SIGNATURE: \_\_\_\_\_

### **WMHA REGISTRAR USE ONLY**

DATE RECEIVED (from Affiliating Team): \_\_\_\_\_ RECEIVED BY (Registrar): \_\_\_\_\_

HOCKEY ALBERTA REGISTRATION COMPLETE (Date): \_\_\_\_\_

TEAMS NOTIFIED AFFILIATE IS NOW REGISTERED AS PER ABOVE AGREEMENT (Date): \_\_\_\_\_

REGISTRAR SIGNATURE: \_\_\_\_\_ (Date): \_\_\_\_\_