 **Sarnia Hockey Association Affiliate Form**

**Player Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Player Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Season:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Affiliate Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PLAYER ACKNOWLEDGMENT***:

I have consulted with my parents & primary head coach.

I am aware of the AP regulations and rules as a participant with Alliance Hockey. I understand my priority lies with my primary team. I understand that by committing to the team listed above as an affiliate, I am not eligible to affiliate with any other team for the current season. I have discussed with my parent(s) and primary team’s head coach that I wish to be affiliated with this team. I have also completed any player requirements (ie Alliance Sanctioned Checking Clinic) so I can participate in the appropriate category being offered.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Player Signature Date**

***PARENT/GUARDIAN ACKNOWLEDGMENT*:**

I have discussed all options with the player.

I understand that by committing to a team as an affiliate, my player is not eligible to affiliate with any other team for the current season. I have discussed options with my player and indicated to our primary team’s head coach that we wish to be affiliated with the team listed above.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

***PRIMARY HEAD COACH ACKNOWLEDGMENT*:**

I have discussed all options with my player.

I understand that by committing to a team as an affiliate, my player is not eligible to affiliate with any other team for the current season. I have discussed options with my player and do not object their wish to affiliate. I have read and understand the rules and regulations as they pertain to affiliated players for Alliance Hockey Teams

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Head Coach Signature Date**