



Sarnia Hockey Association **Affiliate Player Form**

Player Name: _____

Player Date of Birth: _____

Current Season: _____

Primary Team: _____

Proposed Affiliate Team: _____

PLAYER ACKNOWLEDGMENT:

I have consulted with my parents & primary team 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 (i.e. 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 the player I wish to affiliate.
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 to 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