



Sarnia Hockey Association Player Affiliation Form

This form is to be used for all players that are affiliating between SHA teams. This form must be completed and submitted to the SHA Registrar for the player to be added to the approved team affiliation roster before the affiliated player is eligible to participate.

General Information:

Date: _____

Name of Player: _____

Player Date of Birth: _____

Primary Team: _____

Proposed Affiliate Team: _____

In signing this form, all parties understand and agree to all Affiliate Player Rules and Regulations as set out by Alliance Hockey.

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 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.

PARENT/GUARDIAN ACKNOWLEDGMENT:

I have discussed all options with the player.

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.

PRIMARY HEAD COACH ACKNOWLEDGMENT:

I have discussed all options with my player.

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

**DEADLINE FOR SUBMITTING THIS AFFILIATION TO THE SHA REP REGISTRAR IS JANUARY 12th
OF EACH SEASON.**

ALL AFFILIATIONS MUST BE RENEWED ANNUALLY

Failure to properly fill out and submit this form will deem the player ineligible during the game to which he/she participated as an affiliate player.

Note: Please Print Name followed by a signature

Primary Head Coach: _____ **Date:** _____

Affiliate Head Coach: _____ **Date:** _____

Player: _____ **Date:** _____

Parent: _____ **Date:** _____

THIS FORM MUST BE SIGNED BY THE HEAD COACHES AND AFFILIATED PARENT AND PLAYER