



## **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 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.

### ***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.

### ***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

**DEADLINE FOR SUBMITTING THIS AFFILIATION TO THE SHA 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**