



Named Player Affiliation Agreement

Female – U18 AAA

PLAYER INFORMATION

Date: _____

Players Name: _____	Player Date of Birth: _____ / _____ / _____ <small>Month Day Year</small>
Parent/Guardian Name: _____	Primary Contact: _____
Address: _____	City/Town: _____
Resident MHA: _____	
Position: _____	

TEAM INFORMATION

Registered Team: _____	Division: _____ Category: _____
Team Coach: _____	MHA President/GM: _____
Affiliated Team: _____	Division: _____ Category: _____
Team Coach: _____	MHA President/GM: _____

AUTHORIZATION

I have read and understand the below listed Regulations as they pertain to Affiliation Agreements.

Player Name: _____ <small>(please print)</small>	Signature: _____
Parent/Guardian Name: _____ <small>(please print)</small>	Signature: _____
Registered Team Designate: _____ <small>(please print)</small>	Signature: _____
Affiliated Team Designate: _____ <small>(please print)</small>	Signature: _____

HOCKEY CANADA REGULATIONS STATE:

F. AFFILIATION

GENERAL AFFILIATION PROCEDURES

4. Once a Player's Hockey Canada registration has been endorsed by the Member Executive Director as being an Affiliated Player, their name becomes part of the selecting Team's list of Affiliated Players and may not be dropped from such list during the current season and replaced, unless the Team with which he registered Releases them on or before January 10
10. All affiliations shall terminate at the end of the current Season.

HOCKEY ALBERTA REGULATIONS STATE:

- 6.4 No Player is permitted to be part of more than one (1) Affiliated Players' list in a particular Category at any one time during the Season