

SPECIALLY AFFILIATED PLAYER PERMISSION FORM



Season: 20 ____
No: ____ of 19

The purpose of this form is to ensure coaches, players, and parents understand the affiliation process

RULES & CONDITIONS

- 1) Prior to a team placing a player's name on its team list as an affiliate, that team must receive permission from the team to which the player is a registered member.
- 2) Permission to use an affiliated player must be obtained on a game by game basis from the player's original team as per Hockey Canada Regulation F.
- 3) A player may only play 15 games with the higher category/division team detailed here in the entire season as per Hockey Canada. It is the responsibility of the player, coach and parent to keep track of the number of meaningful games played. **Tournament and exhibition games are not included in the affiliation rule.** For a goaltender, there is no limit to games affiliated.
- 4) No players may be affiliated after **January 15th**.
- 5) A player is only **permitted to participate as an affiliated player with ONE (1) hockey team** of a particular category during a playing season.
- 6) **Prior to a player participating in a game as an affiliated player**, the player's name must appear on the affiliating team's team list. Also, this form must be duly **approved (by signature) first by the Association and second by the District Registrar.**
- 7) Parents of players affiliated to teams competing in **body checking** divisions/leagues shall be so notified by the coach of the team requesting the player affiliation. The signatures below will confirm notification and/or discussion with regard to body checking.
- 8) All suspensions obtained in the higher category/division game must be served with the lower team. **Note: The exception to this rule is an affiliate at an out of branch tournament who may serve all or part of his suspension at the tournament.**

PLAYER INFORMATION	
PLAYER HOCKEY REGISTRY NUMBER:	Date of Birth: (YYYY-MM-DD)
NAME OF AFFILIATED PLAYER (PRINT)	SIGNATURE

PARENT INFORMATION	
PARENT NAME (PRINT)	Date:
The affiliating team has body contact	The affiliating team does not have body checking
OR	
Parent Signature	Parent Signature

AFFILIATING TEAM INFORMATION	
CATEGORY OF TEAM (Print)	
NAME OF TEAM (Print)	
LEAGUE OF TEAM (Print)	
COACH NAME (Print)	
COACH SIGNATURE	Date:

PLAYER TEAM INFORMATION	
CATEGORY OF TEAM (Print)	
NAME OF TEAM (Print)	
LEAGUE OF TEAM (Print)	
COACH NAME (Print)	
COACH SIGNATURE	Date:

REGISTRAR INFORMATION			
HOME ASSOCIATION REGISTRAR (first Signature)		DISTRICT REGISTRAR (last signature)	
Name of Association (Print)		Name of District (Print)	
NAME (Print)		NAME (Print)	
SIGNATURE		SIGNATURE	
Date		Date	

All required signatures must be completed prior to being passed to the registrars