



ALLIANCE HOCKEY

Zone Player Affiliation Form

This form is to be used for players that are affiliated from an OMHA/ALLIANCE Home Centre to an ALLIANCE AAA Zone. This form must be completed and approved before the affiliated player is eligible to participate.

General Information:

Date:

*Name of Player:

*Birth date D/M/Y:

*Complete Address:

Street:

City:

Postal Code:

Player's Length of Residency at this Current Address: Since: (insert year)

HC Card Registration #:

Player's Registered Team:

Team to Affiliate to:

Registrars: The above * information must be entered into your registration database in order to assign the zone player to an electronic AAA Affiliated Player Form.

We, the undersigned – Signing Officers of each team (Please note the signing officers are the names listed on the team application form who are authorized to sign releases) hereby give permission for the above-mentioned player to affiliate in accordance with HC and ALLIANCE Regulations.

As per HC and ALLIANCE Regulations the team to which the player wants to affiliate to must have permission of his/her team which he/she is registered with before the player participates with an affiliated team.

DEADLINE FOR SUBMITTING THIS AFFILIATION TO THE ALLIANCE OFFICE IS JANUARY 10th OF EACH SEASON.

NOTE: This affiliation agreement must be recorded at the ALLIANCE Office prior to January 10th of the season for which the affiliation is sought. This form must be completed and approved before the player is eligible to participate in competition.

ALL AFFILIATIONS MUST BE RENEWED ANNUALLY

IMPORTANT: If a player is found affiliated to more than one (1) minor hockey team, he/she will be deemed ineligible from the time of discovery and for the remainder of the season with the teams to which he/she was affiliated.

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.

Signing Officers of the Higher Category Team

Signing Officers of Lower Category Team

Note: Please print on the top line and state position with Association

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

**AFFILIATION MUST BE SIGNED BY THE TWO SIGNING OFFICERS
ON THE TEAM APPLICATION FORM**