

## WLMHA AFFILIATED PLAYER AGREEMENT



### Player (Rostered/Regular Team) Information

Player's Name:			
Division (i.e. Atom, Minor Bantam etc):			
Player's Birthdate: (day/month/year)			
Home Team Classification:	HL _____	MD _____	A/AA _____
Coach's Name:			
Coach's Email:			
Coach's Phone Number:			

### Affiliated Team Information

Division (i.e. Atom or Minor Bantam):			
Home Team Classification:	MD _____	A/AA _____	
Coach's Name:			
Coach's Email:			
Coach's Phone Number:			

### Player/Parents please read the following paragraph and sign below:

I understand that I can only affiliate to one hockey team. My priority is always to my regular team's games and practices, playoffs and tournaments. Approval is required in advance from my (regular) coach and the Association's Competitive Director (or a designate) for each time I play as an affiliate.

### Players/Parents Agreement

Signature of Player:		Date:	
Parent/Guardian Name:			
Parent/Guardian's Email		Phone:	
Parent/Guardian Signature:		Date:	

### Coach's Permission (\*\*Coach from player's regular team\*\*)

Coach's Name:			
Coach's Signature:		Date:	

Please forward signed form to your Competitive Director by email or by hard copy to the Kinsmen mailbox. Soft copies are preferred. Keep a copy for your records.