



Player Affiliation Form

Player Name: _____

Parent/Guardian Name: _____

Team Requesting Affiliation: _____

Registered Team: _____

I acknowledge that once affiliated with a team I cannot affiliate with any other team as per Hockey Alberta regulations. All affiliations terminate at the end of the current season.

Requesting Team Sign Off: _____

Registered Team Sign Off: _____

Player Sign Off: _____

Parent/Guardian Sign Off: _____