



Player Affiliation Form

Player Name: _____

Parent/Guardian Name: _____

Team Requesting Affiliation: _____

Registered Team: _____

The requesting AP Coach will first contact the Head Coach of the player's registered team, to agree on an affiliation. Do not approach the player before gaining permission from the Head Coach of the player's registered team.

When using an Affiliated Player, the AP Coach must request permission to use the affiliated player from the AP's Head Coach PRIOR to contacting the player for an affiliated game.

I acknowledge that once affiliated with a team, my registered team is priority, and that I am obliged to play for my registered team. I must have permission from my Head Coach to play as an affiliate on an affiliate team prior to playing each game as an affiliate. The maximum games played as an affiliate will be 10 games. All affiliations terminate at the end of the current season.

Registered Team Head Coach Sign Off: _____

Requesting Team Head Coach Sign Off: _____

Player Sign Off: _____

Parent/Guardian Sign Off: _____