



# Edmonton Minor Hockey Association Individual Player Affiliation Agreement

Player's name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Team Name: \_\_\_\_\_ Division: \_\_\_\_\_ Category/Tier: \_\_\_\_\_

Current Team Number: \_\_\_\_\_ Current Association: \_\_\_\_\_

Affiliating Team: \_\_\_\_\_ Division: \_\_\_\_\_ Category/Tier: \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Title/Position: \_\_\_\_\_

**A PLAYER MAY BE AFFILIATED TO ONE (1) TEAM ONLY**

Parent's Signature: \_\_\_\_\_ Player's Signature: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Current Coach Signature: \_\_\_\_\_

**EMHA Registrar**

**EMHA Use Only**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_