AFFILIATED PLAYER AGREEMENT

Fill out the following form; obtain the necessary signatures and forward to your respective Director (CHL or FCHL). Be sure to keep a copy for your own records.

Player Information

Name: _____

Association: _____

Home team Classification: House League ☐ Forest City - MD ☐

Division (i.e. Atom WA or Minor Bantam): _____

Affiliated Team Information

Association: _____

Team Classification: House League ☐ Forest City - MD ☐

Coach: _____

Team Classification: _____

Division (i.e. Atom WB or Major Bantam): _____

NOTE: *Players' priority will be league, league playoffs and tournaments. Exhibition games and practices are not a priority. Players' choice (other than league, league playoffs & tournaments) will not be influenced one way or the other by his/her coach. If the coach wishes and at his/her discretion, he/she may let the player play with his/her A.P. team when priorities conflict.*

When a coach wishes to use one of his/her A.P. players it is MANDATORY that calls be made first to the Association and the coach before contacting the A.P. player.

1st call to Association – FCHL Director Or – CHL Director

_____ (Name) _____ (Phone number)

2nd call to coach

_____ (Name) _____ (Phone number)

Please read the following paragraph and sign below:

I understand that I can only affiliate to one hockey team and that I will only be called up to replace a player on that team's roster (not to increase the roster).

Player: _____
(Signature of player) *(Date)*

Parent or Guardian: _____ _____
(Signature of parent or guardian) *(Date)* *(Print name)*

Team Official: _____ _____
(Signature of Official) *(Date)* *(Print name and role)*