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 Use Only

EMHA Registrar

Name: _____ Signature: _____

Phone: _____ Fax: _____ Email: _____

GIVE the original to : **Your Category Director who will deliver it to the WWHA Office**

NOTE: **Affiliation is NOT valid until a new player roster has been received by the Coach of the respective team.**