



Affiliate Player Form

40 Enman Crescent, Suite 209, Charlottetown PE C1E 1E6
Ph: (902)368-4334 Email: info@hockeypei.com Fax: (902)368-4337

- All required signatures must be obtained. Incomplete forms will **NOT** be processed or approved.
- No Player is permitted to play with a team in a higher division or category before this form has been filed with Hockey PEI and APPROVED.
- Approval will be confirmed via **email**. Please note that your respective league coordinator must be CC'd on the email. No player is permitted to play until approval is received.
- Permission to use an affiliate player must be granted by the lower category team official prior to **each** game.
- Affiliate players of minor age must wear a CSA approved helmet, full face mask and BNQ throat protector at all times when playing for a Junior team.
- A player is only permitted to participate as an affiliated player with **ONE** team during a season.
- Final deadline to submit affiliate player forms is midnight **January 15**

Player's Name: _____

Date of Birth: _____

Higher Category Team Name: _____
(include team #)

Association: _____

Division: (eg: U9) _____

Lower Category Team Name: _____
(include team #)

Association: _____

Division: (eg: U9) _____

Category: (eg: "A" "AA") _____

Player: _____
(Print Name) (Signature)

Parent/Guardian
(if under 18): _____
(Print Name) (Signature)

Lower Category
Coach/Team Official: _____
(Print Name) (Signature)

Higher Category
Coach/Team Official: _____
(Print Name) (Signature)

FOR OFFICE USE ONLY:

Date Received:

Hockey PEI Authorization: _____

Date: _____