



Special Affiliate Player Certificate

40 Enman Crescent, Suite 209, Charlottetown PE C1E 1E6
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Player Name: _____

Higher Category Team: _____

Lower Category Team: _____

Affiliate Team's Minor Association (if applicable): _____

On behalf of the above named Lower category Team/Association, we, the undersigned (having read and understood Hockey Canada Special Affiliate Regulations), do hereby grant permission for said player to participate as a special Affiliate Player with the Higher Category Named Team, for the current hockey season.

Player: _____ (Name) _____ (Signature)

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

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

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

Note: All signatures must be provided. Incomplete forms will not be approved.

- **All Special Affiliate Players must have prior written permission of the Lower category Team to play as an affiliate member of the Higher Category Team.**
- **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.**
- **Permission to use an affiliated player must be granted by the lower category team official prior to each game.**
- **Special 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.**
- **All certificates must be submitted prior to player being used in their first game.**
- **Deadline to file an affiliation is midnight January 15th**

FOR OFFICE USE ONLY:

Date Received: _____

Hockey PEI Authorization: _____ Date: _____

