



Affiliate Player Form

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

Player Name: _____

Higher Category Team (Association/Division/Category): _____

Lower Category Team (Association/Division/Category): _____

On behalf of the above named, we the undersigned (having read and understand Hockey PEI / Hockey Canada Affiliate Regulations) do hereby grant permission for said player to participate as an 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)

Please Note:

- 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.
- 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.
- All forms must be submitted prior to player being used in their first game.
- Final deadline to submit affiliate player forms is midnight January 15th

FOR OFFICE USE ONLY:

Date Received: _____

Hockey PEI Authorization: _____ Date: _____