



# Affiliate Player Form

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

## 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.
- Approval will be confirmed via 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<sup>th</sup>

Player's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Higher Category Team Name: \_\_\_\_\_  
(include team #)

Association: \_\_\_\_\_

Division: (eg: U9) \_\_\_\_\_

Category: (eg: "A" "AA") \_\_\_\_\_

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: \_\_\_\_\_