



Player Affiliation Request Form

The purpose of this form is to ensure coaches, players, and parents understand the affiliation process

- 1) Prior to a team placing a player's name on its team list as an affiliate, that team must receive permission from the team to which the player is a registered member.
- 2) All Affiliation requests must be processed through the HCR as an Affiliation Request. This signed document must be uploaded on the HCR Affiliation Request in order to be approved.
- 3) Permission to use an affiliated player must be obtained on a game-by-game basis from the player's original team as per Hockey Canada Regulation F.
- 4) **Not Withstanding bullet #3, no Player can be denied the opportunity to play as an affiliate with a Higher Category team where no Game conflict exists.**
- 5) Notwithstanding the "No Game Conflict" (bullet #4) clause, a player who is currently recovering from Injury and has not been cleared to play by a Physician, or the player is currently serving a suspension, are not eligible to play with a Higher Division or Category team as an affiliate player.
- 6) For Junior hockey and Regional and National Championship eligible teams, a Player of a Team of a lower Division or Category may Affiliate to a Team or Teams of higher Divisions or Categories at anytime, to a maximum of Ten (10) games per team.
- 7) A Minor Hockey player not playing on a team that competes for a Regional or National Championship may play 15 games with the higher category/division team in the entire season as per Hockey Canada and HEO Regulations.
- 8) It is the responsibility of the player, coach and parent to keep track of the number of meaningful games played. **Tournament and exhibition games are not included in the affiliation rule.**
- 9) A Goaltender game count is only considered for games that they play, acting as a backup for an entire game does not count against the total number of games permitted.
- 10) No players may be affiliated after **January 15th**.
- 11) A player is only **permitted to participate as an affiliated player with ONE (1) hockey team** of a particular category during a playing season.
- 12) **Prior to a player participating in a game as an affiliated player**, the player's name must appear on the affiliating team's team list. Also, this form must be duly **approved (by signature first by the Association and second by the District Registrar)**.
- 13) Parents of players affiliated to teams competing in **body checking** divisions/leagues shall be so notified by the coach of the team requesting the player affiliation. The signatures below will confirm notification and/or discussion with regard to body checking.
- 14) All suspensions obtained in the higher category/division game must be served with the lower team.



Schedule A

Season 20____/20____

PLAYER INFORMATION	
PLAYER HOCKEY REGISTRY NUMBER:	Date of Birth: (YYYY-MM-DD)
NAME OF AFFILIATED PLAYER (PRINT)	SIGNATURE

PARENT INFORMATION	
PARENT NAME (PRINT)	Date:
Parent Signature	Parent Signature

AFFILIATING TEAM INFORMATION	
CATEGORY OF TEAM (Print)	
NAME OF TEAM (Print)	
LEAGUE OF TEAM (Print)	
COACH NAME (Print)	
COACH SIGNATURE	Date:

PLAYER TEAM INFORMATION	
CATEGORY OF TEAM (Print)	
NAME OF TEAM (Print)	
LEAGUE OF TEAM (Print)	
COACH NAME (Print)	
COACH SIGNATURE	Date:

REGISTRAR INFORMATION			
REGISTERED MINOR HOCKEY HOME ASSOCIATION/LEAGUE		REGISTERED JUNIOR TEAM (signature) (Complete this section only if applicable)	
Association Registrar/Zone Chair NAME (Print)		Name of Junior Team (Print)	
SIGNATURE		NAME (Print)	
Date		SIGNATURE	
District/Zone Registrar NAME (Print)		Date	
SIGNATURE		All required signatures must be completed prior to being passed to the registrars	
Date			