



AFFILIATE PLAYER FORM

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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 15th

Player's Name: _____

Date of Birth: _____

Higher Category Team Name: _____
(include team #)

Association: _____

Division: (eg: U9) _____

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

Team Contact Email: _____

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: _____