

OFFER OF AFFILIATION

We, the undersigned, provide this "offer of affiliation" for the designated player to register as an affiliated player with the designated team for the 2017-2018 season. This form, when signed by the player and parent/guardian, will confirm the player's commitment to accepting a position as an affiliated player on the team indicated below. This form, when signed by the Coach of the player's registered team will confirm the Coach's agreement to the player accepting a postion as an affiliated player on the team indicated below. The team affiliated player on the team indicated below. The team affiliation will be created by the Association and approved by the OMHA Regional Director electronically.

Association/Division/Team:			
Coach of team offering affiliation	:		
	rint Name	<u> </u>	Signature
OMHA Contact or Delegate:			
F	rint Name		Signature
Date Offered: day of	20		
We, the undersigned, confirm our	acceptance and/or acknow	ledge the offer of a	affiliate with the above team.
Player:			
F	rint Name		Signature
		Address	
Parent/Guardian:			
	rint Name		Signature
Coach of Player's Registered Te	am:		
F	rint Name	<u> </u>	Signature
Date Accepted at	, Ontario, this	day of	20

This form is to be used by all Associations and a copy must be kept on file by the Association and attached to the player's record in the Hockey Canada Registry.

NOTE: Current OMHA, OHF & HC Affiliation Regulations apply.

PRIVACY STATEMENT: The information requested on this form is required by the Ontario Minor Hockey Association (OMHA) and the Ontario Hockey Federation (OHF), and their respective executives, employees, team officials, game officials and volunteers, for registration purposes and to administer the rules and regulations of the OMHA, and to provide notification of any upcoming events or other activities. In order to do so, the OMHA, its Member Associations, OHF and Hockey Canada may, if required request proof of a player's identity, address and date of birth.

Member of:







NADA