



Edmonton Minor Hockey Association Individual Player Affiliation Agreement

Player's name: _____ Date: _____

Current Team Name: _____ Division: _____ Category/Tier: _____

Current Team Number: _____ Current Association: _____

Affiliating Team: _____ Division: _____ Category/Tier: _____

Form Completed by: _____ Title/Position: _____

A PLAYER MAY BE AFFILIATED TO ONE (1) TEAM ONLY

Parent's Signature: _____ Player's Signature: _____

Parent's Name: _____ Current Coach Signature: _____

EMHA Registrar

EMHA Use Only

Name: _____ Signature: _____

Phone: _____ Fax: _____ Email: _____