



Devon Minor Hockey Association Individual Player Affiliation Agreement

Any Teams (U11 - U18) wishing to register an Affiliate, MUST complete this form and submit it to the DMHA Registrar.
See 'Contact' info on devonminorhockey.com for current registrar name & phone number.
Please PRINT all information clearly.

PLAYER'S NAME (FIRST/LAST): _____ DATE: _____

CURRENT TEAM NAME: Devon Drillers DIVISION: _____ CATEGORY/TIER: _____

CURRENT ASSOCIATION: Devon Minor Hockey Association

AFFILIATING TEAM: Devon Drillers DIVISION: _____ CATEGORY/TIER: _____

FORM COMPLETED BY: (FIRST/LAST NAME): _____

TEAM/POSITION: _____

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

No affiliate can play until the DMHA Registrar advises the teams that the registration process is complete.
Once this is done, teams must use the proper process for requesting and using an affiliate.

PARENT'S SIGNATURE: _____ PLAYER'S SIGNATURE: _____

PARENT'S NAME (FIRST/LAST, please print): _____

CURRENT COACH SIGNATURE: _____

DMHA REGISTRAR USE ONLY

DATE RECEIVED (from Affiliating Team): _____ RECEIVED BY (Registrar): _____

HOCKEY ALBERTA REGISTRATION COMPLETE (DATE): _____

TEAMS NOTIFIED AFFILIATE IS NOW REGISTERED AS PER ABOVE AGREEMENT (DATE): _____

REGISTRAR SIGNATURE: _____