

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: <u>Devon Drillers</u> division:	CATEGORY/TIER:	
CURRENT ASSOCIATION: Devon Minor Hockey Associa	<u>ation</u>	
AFFILIATING TEAM: <u>Devon Drillers</u> division:	CATEGORY/TIER:	
FORM COMPLETED BY: (FIRST/LAST NAME):		
TEAM/POSITION:		
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): RE	CEIVED BY (Registrar):	
HOCKEY ALBERTA REGISTRATION COMPLETE (DATE):		
TEAMS NOTIFIED AFFILIATE IS NOW REGISTERED AS PER ABOVE AGREEMENT (DATE):		
REGISTRAR SIGNATURE:		