



**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 current hockey 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 position as an affiliated player on the team indicated below. The team affiliation will receive final approval from the SOMHA Division Director.

Team Offering Affiliation: \_\_\_\_\_

Coach of Team offering Affiliation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date

Offered: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

We, the undersigned, **confirm our acceptance and / or acknowledge** the offer of affiliation with the above team.

We also understand my / our registered team is my / our primary responsibility.

Player: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Coach of Player's Registered Team: \_\_\_\_\_ Signature: \_\_\_\_\_

SOMHA Director: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Offer of Affiliation Accepted: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Release Date (if applicable): \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_