



SPECIAL AFFILIATION FORM

PLEASE PRINT

FORMS MUST BE FILED WITH HNS OFFICE BY JANUARY 15 of the current season.

Special Affiliate Player Name: _____

Player's Date of Birth (mm/dd/yy): _____

Position: _____

Affiliate Player's Team/Association: _____
(Team Name & Category)

Higher Category Team: _____
(Team Name & Category)

We, the undersigned Presidents of the above named teams, hereby agree to these teams affiliation in accordance with Hockey Canada Affiliation Regulation E inclusive. We have read, and understand the Affiliation Regulations.

- | | | |
|----|-------------------------------------|--------------------|
| 1. | _____ , Pres. Higher Category Team | _____ |
| | | Date
(mm/dd/yy) |
| 2. | _____ , Pres. Lower Category Team | _____ |
| | | Date
(mm/dd/yy) |
| 3. | _____ , Player's Signature/Approval | _____ |
| | | Date
(mm/dd/yy) |
| 4. | _____ , Parent's Signature/Approval | _____ |
| | | Date
(mm/dd/yy) |

- All Special Affiliate Players must have prior written permission of the lower category team to play as an affiliate member of the higher category team.
- No player is permitted to play with a team in a higher division or category before this form has been filed with the Hockey NS Office and written approval attained from the HNS Executive Director, or designate.
- It is the responsibility of the higher category team to ensure that this form is completed and returned to Hockey NS prior to deadline.

HNS OFFICE USE:

DATE RECEIVED

DATE APPROVED

APPROVED BY