



# SGMHA AFFILIATION AGREEMENT

Team Name: \_\_\_\_\_ Date: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Players Name (printed): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day / Mo / Year

Player's current Association: \_\_\_\_\_

Player's current Team Name: \_\_\_\_\_

If a Goaltender please indicate:  **Player's Signature:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Coach's Signature:** \_\_\_\_\_

Association Division Director Printed Name: \_\_\_\_\_

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

## NOTE:

- SGMHA's deadline for affiliation is Dec 10<sup>th</sup> of the current season.
- Affiliated player's are not allowed on the ice for practices until they are listed on the team HCR Roster.
- Affiliated player's are not allowed on the ice for any games until they are marked as approved on the team HCR Roster.