



PLAYER AFFILIATION CONSENT FORM

THIS IS TO CERTIFY THAT _____ , **BORN** _____
(Player's name) (DD-MM-YY)

WILL BE PARTICIPATING WITH _____
(Affiliated Team Name)

Signature: _____ Date: _____
Coach

Coach Current Team

I, _____ of the _____
Coach Current Team

Acknowledge the above named player will participate as an Affiliated Player on the above named team.

Signature: _____ Date: _____
Coach

Parent/Guardian Consent

I, _____ hereby give consent for
Parent/Guardian

this player to participate as an Affiliated Player on the above named team.

Signature: _____ Date: _____
Parent/Guardian

Salmon Arm Minor Hockey

Signature: _____ Date: _____

Registrar will add Affiliated Player to above named team roster after approval from Division Director

By signing this form all parties acknowledge they will adhere to SAMHA AP Policy