

**19 SPECIALLY AFFILIATED PERMISSION FORM**

The purpose of this form is to ensure coaches/players and parents understand the affiliation process

**RULES & CONDITIONS**

- 1) Prior to a team placing a player's name on its 19 Specially Affiliated Player list that team must receive permission from the team to which the player is a registered member.
- 2) Permission to use an affiliated player must be obtained on a game by game basis from the player's original team as per CHA Regulation E.22 (E) & E.40.
- 3) A player may only play 5 games with the higher category/division team (after January 10<sup>th</sup>, as per CHA Handbook). ON game 6 the player belongs to the higher category/division team. It is the responsibility of the player/coach and parent to keep track of the number of meaningful games played. Tournament and exhibition games are not included in the 5 game rules. Prior to January 10 there is no limit on the number of games played as an affiliate.
- 4) No players may be added after January 15<sup>th</sup>.
- 5) A player is only **permitted to participate as an affiliated player with ONE (1) hockey team** of a higher division or category during a playing season. At no time may a player's name appear on more than ONE (1) 19 Specially Affiliated Player List.
- 6) **Prior to a player participating in a game as an affiliated player**, the player's name must appear on the team's 19 Specially Affiliated Player List duly submitted and **approved (by signature) by the District Registrar**.
- 7) Parent's of player's affiliated to teams competing in **body checking** divisions/leagues shall be so notified by the coach of the team requesting the player affiliation. The signatures below will confirm notification and/or discussion in regards to body checking.
- 8) All suspensions obtained in the higher category/division game must be served with the lower team.

NAME OF HIGHER CATEGORY TEAM: \_\_\_\_\_

PLAYING IN THE \_\_\_\_\_ LEAGUE

COACH NAME (HIGHER CATEGORY TEAM: PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME OF LOWER CATEGORY TEAM \_\_\_\_\_

PLAYING IN THE \_\_\_\_\_ LEAGUE

COACH NAME (LOWER CATEGORY TEAM: PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME OF AFFILIATED PLAYER (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PARENT'S NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

The affiliating team has body checking \_\_\_\_\_ Parent Signature \_\_\_\_\_

The affiliating team does not have body checking \_\_\_\_\_ Parent Signature \_\_\_\_\_

DISTRICT REGISTRAR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Registrar's Use Only)