

OFFER OF AFFILIATION 2018-19 SEASON

25 Brodie Drive, Unit 3, Richmond Hill, Ontario L4B 3K7

We, the undersigned, provide this "offer of affiliation" for the designated player to register as an affiliated player with the designated team for the 2018-19 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 be created by the Association and approved by the OMHA Regional Director electronically.

Association/Division/Team:			
Coach of Team Offering Affiliation:			
Signature of Coach:			
OMHA Contact or Delegate:			
OMHA Contact/Delegate Signature:			
Date Offered: day of		, 20_	·
We, the undersigned, confirm our acce	ptance of the offer o	f affiliation with the a	bove noted team.
Player's Name:			
Player's Signature:			
Player's Address:			
Parent/Guardian Name:			
Parent/Guardian Signature:			
Coach of Player's Registered Team:			
Signature of Coach:			
Date Accepted at	, Ontario this	day of	, 20
This form is to be used by all Association to the player's record in the Hockey Ca	, ,	be kept on file by the	e Association and attached
Note: Current OMHA, OHF & HC Affilia	tion Regulations app	ly.	

PRIVACY STATEMENT: The information requested on this form is required by the Ontario Minor Hockey Association (OMHA) and the Ontario Hockey Federation (OHF), and their respective executives, employees, coaches, trainers, referees and volunteers, for registration purposes and to administer the rules and regulations of the OMHA, and to provide notification of any upcoming events or other activities. In order to do so, the OMHA, its Member Associations, OHF and Hockey Canada may, if required request proof of a player's identity, address and date of birth.