

# AFFILIATE AT LARGE PLAYER FORM

## ONTARIO HOCKEY ASSOCIATION AFFILIATE AT LARGE PLAYER FORM



This is to confirm that \_\_\_\_\_ is eligible to be named as an  
(Players name) PRINT CLEARLY

Affiliated Player with the \_\_\_\_\_ (Junior Team)

**OHA JUNIOR TEAM  
SIGNING OFFICER:**

\_\_\_\_\_  
(Signature AND Print Name)

**MINOR HOCKEY ASSOCIATION  
SIGNING OFFICER:**

\_\_\_\_\_  
(Signature AND Print Name)

**PLAYERS REGISTERED TEAM:**

**POSITION:** F ☐ D ☐ G ☐  
(Please Check)

**DATE OF BIRTH:**

**HCR CARD #**

**PLAYER:**

\_\_\_\_\_  
(Signature AND Print Name)

**PARENTS:**

\_\_\_\_\_  
(Required if Player is 18 Years old and younger) (Signature AND Print Name)

***FINAL DATE TO SUBMIT PLAYER AFFILIATIONS IS JANUARY 15<sup>TH</sup>.***

***NO PLAYER MAY PLAY AS AN AFFILIATE IF THIS FORM IS NOT SUBMITTED.***

***BE SURE THAT PLAYER HAS NOT SIGNED TWO AFFILIATION FORMS.***

**For OHA Office Use Only:**

**APPROVED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

The Ontario Hockey Association is committed to respecting and protecting the privacy of our Members, their Associations, individual members, their families and our employees. The information collected on this form will be used for the sole purpose of administering the Rules, Regulations and By Laws of the OHA/OHF/Hockey Canada and/or for the purpose of registering the individual in the program for which they have enrolled and may be used to provide them with the information necessary for participation.