

SPECIALLY AFFILIATED PLAYER FORM

**JUNIOR A & B CATEGORIES ONLY
15 YEAR OLD PLAYERS**



This is to confirm that _____ is eligible to be named as a
(Players name) PRINT CLEARLY

Specially 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: _____

(Signature AND Print Name)

This form must be filed with the OHA office prior to the player being eligible to play in the OHA as a Specially Affiliated player, in accordance with the Canadian Development Model. Confirmation of receipt, with signature, will be returned via email to verify acceptance.

The higher category team may not call up a Specially Affiliated player without the permission of his registered team.

Once the player's team has completed their season, the player is eligible to join the OHA Club, subject to conditions of the Canadian Development Model.

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.