



I, _____, currently registered with the _____ (Team) agree to affiliate with the _____. In signing I understand the eligibility requirements and the regulations as they are outlined within the Hockey Manitoba Handbook.

- Player
- Goaltender

Date Signed

Player's Signature

____/____/____ (mm/dd/yy)
Player's birthday

** The above named teams both accept the affiliation of this player and understand the regulations governing this affiliation agreement. Please refer to the Hockey Manitoba Handbook for a complete outline of these regulations. As team officials, we shall be in contact always when dealing with the affiliation of this player. We understand that the above player is released from this agreement on completion of the current season.

Date Signed

Current Roster Team

Official's Signature

Date Signed

Affiliate Team

Official's Signature

Date Signed

Branch Approval