



## USA HOCKEY PLAYER AFFILIATION CONSENT FORM

THIS IS TO CERTIFY THAT \_\_\_\_\_, BORN \_\_\_\_\_  
(Player's name) (DD-MM-YY)

WILL BE PARTICIPATING WITH \_\_\_\_\_  
(Affiliated Team Name)

OPERATING IN THE \_\_\_\_\_ .  
(League/Division/Category)

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### **General Manager/Coach Current Team Consent**

I, \_\_\_\_\_ of the \_\_\_\_\_ hereby  
General Manager/Coach Current Team

give consent for the above named player to participate as an Affiliated Player on the above named  
team during the following period \_\_\_\_\_.  
List game date(s)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
General Manager/Coach

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### **Parent/Guardian Consent**

I, \_\_\_\_\_ of the above named player hereby give consent for  
Parent/Guardian

this player to participate as an Affiliated Player on the above named team.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

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### **USA Hockey**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
USA Hockey

Once form is complete, fax or email to USA Hockey (719-538-1160, [transfers@usahockey.org](mailto:transfers@usahockey.org)) for signature. A copy of this form needs to be on file with USA Hockey National Office. A copy will be sent to Hockey Canada if the above player is a Canadian citizen.