



Special Affiliate Player Certificate

PO Box 302, 40 Enman Crescent, Charlottetown, PE C1A 7K7
Ph: 902-368-4334 Fax: 902-368-4337

Player Name: _____

Higher Category Team: _____

Lower Category Team: _____

Affiliate Team's Minor Association (if applicable): _____

On behalf of the above named Lower category Team/Association, we, the undersigned (having read and understood Hockey Canada Special Affiliate Regulations), do hereby grant permission for said player to participate as a Special Affiliate Player with the Higher Category Named Team, for the current hockey season.

Player: _____ (Name) _____ (Signature)

Parent/Guardian (if under 18): _____ (Name) _____ (Signature)

Lower Category Coach/Team Official: _____ (Name) _____ (Signature)

Higher Category Coach/Team Official: _____ (Name) _____ (Signature)

Note: All signatures must be provided. Incomplete forms will not be approved.

All Special Affiliate Players must have prior written permission of the Lower category Team to play as an affiliate member of the Higher Category Team.

.... no Player is permitted to play with a team in a higher division or category before this form has been filed with Hockey PEI and approved.

....it is the responsibility of the Higher Category Team to ensure that this form is completed and returned to Hockey PEI.

....special affiliate players of minor age must wear a CSA approved helmet, full face mask and BNQ throat protector at all times when playing for a junior team.

....a player is only permitted to participate as an affiliated player with one team during a season.

Deadline: All certificates must be submitted and approved prior to player being used in their first game and all certificates must be submitted by January 10th.

FOR OFFICE USE ONLY:

Date Received: _____

Hockey PEI Authorization: _____ Date: _____