



CALGARY TITANS JUNIOR "A" FEMALE HOCKEY TEAM

Suite 10, 628 – 12th Avenue SW, Calgary Alberta, T2R 0H6

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PLAYER AFFILIATION - EXPRESSION OF INTEREST

I, _____, CURRENTLY REGISTERED TO PLAY IN THE _____ ("MHA") WITH THE MIDGET _____ ("MY TEAM"), AM INTERESTED IN BECOMING AN AFFILIATE PLAYER WITH THE CALGARY TITANS JUNIOR A FEMALE HOCKEY TEAM.

I UNDERSTAND THAT AS AN AFFILIATE PLAYER I MUST OBSERVE THE FOLLOWING RULES AND CONDITIONS:

1. I CANNOT PLAY OR PRACTICE WITH THE TITANS IF DOING SO WOULD CONFLICT WITH ANY OF MY TEAM'S PRACTICES OR GAMES;
2. MY COACH MUST PROVIDE WRITTEN PERMISSION TO THE COACH OF THE TITANS WITH RESPECT TO EACH GAME OR PRACTICE BEFORE I CAN PLAY FOR OR PRACTICE WITH THE TITANS;
3. I UNDERSTAND THAT I CAN PLAY UP TO 10 GAMES FOR THE TITANS UNTIL MY REGULAR SEASON IS COMPLETE;
4. I CANNOT AFFILIATE WITH ANY OTHER TEAM PLAYING IN THE AJFHL ONCE MY AFFILIATION IS APPROVED;
5. I CANNOT PLAY FOR THE TITANS IF I'M UNABLE TO PLAY FOR MY TEAM DUE TO INJURY OR SUSPENSION;
6. BEFORE I CAN PLAY FOR OR PRACTICE WITH THE TITANS, MY AFFILIATION MUST BE APPROVED BY MY MHA AND HOCKEY ALBERTA; AND,
7. I WOULD LIKE TO HAVE A REPRESENTATIVE OF THE TITANS CONTACT ME TO DISCUSS THE POSSIBILITY OF AFFILIATING WITH THE TITANS THIS CURRENT SEASON AND I MAY BE CONTACTED AT:

NOTE: AFFILIATION APPROVAL DEADLINE IS DECEMBER 15 SO YOUR IMMEDIATE ATTENTION IS REQUIRED

DATED this ____ day of _____, 20____.

Phone: _____

Email: _____

Player Signature

Preferred Playing Position

PS: Please scan & email, or fax a copy of this form to the Titans, contact particulars found above