



## OFFER OF AFFILIATION 2025-26 SEASON

25 Brodie Drive, Unit 3, Richmond Hill, Ontario L4B 3K7

This form, when completed, will confirm the named player's commitment, and the agreement of all those signing, to acceptance as an affiliated player to the indicated team.

Current HC/OHF/OMHA Affiliation Regulations apply.

**The completed form must be uploaded to the player's HCR profile.**

We, the undersigned, provide this offer of affiliation, to the player named, with the following team for the 2025-26 season.

Player's Name: \_\_\_\_\_

Player's Date of Birth: \_\_\_\_\_

Affiliating Team (Association/Division/Category): \_\_\_\_\_

Coach of Affiliating Team: \_\_\_\_\_

Signature of Coach: \_\_\_\_\_

Association Contact/Delegate: \_\_\_\_\_

Signature of Association Contact/Delegate: \_\_\_\_\_

Date Offered at \_\_\_\_\_, Ontario this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

We, the undersigned, on behalf of the player named above, confirm our acceptance of the offer of affiliation with the above noted team.

Parent/Guardian Name: \_\_\_\_\_

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

Coach of Player's Registered Team: \_\_\_\_\_

Signature of Coach: \_\_\_\_\_

Date Accepted at \_\_\_\_\_, Ontario this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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PRIVACY STATEMENT: The information requested on this form is required by the Ontario Minor Hockey Association (OMHA) and the Ontario Hockey Federation (OHF), and their respective executives, employees, coaches, trainers, referees and volunteers, for registration purposes and to administer the rules and regulations of the OMHA, and to provide notification of any upcoming events or other activities. In order to do so, the OMHA, its Member Associations, OHF and Hockey Canada may, if required request proof of a player's identity, address and date of birth.