



## 100 Mile House Minor Hockey Association

#2 – 175B Wrangler Way  
PO Box 487  
100 Mile House, BC  
V0K 2E0  
E-mail: info.omhmha@gmail.com

### Affiliation (AP) Form

**Player Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Affiliating (AP) Team:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Primary Team:** \_\_\_\_\_ **Division:** \_\_\_\_\_

Include any additional terms of this affiliate player agreement:

I fully understand that my child has been asked to become an affiliated player for the above-mentioned team. I agree to abide by the rules, regulations and policy as set by Hockey Canada, BC Hockey, North Central District Minor Hockey Association, Okanagan Mainline Amateur Hockey Association (when applicable), and 100 Mile House Minor Hockey Association (OMHMHA). I understand my child can only be an affiliate with one team, and that there may be a fee required for this affiliation. Permission is hereby granted for this player to become an affiliate for the current season.

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Parent Name (Printed)

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Parent Signature

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Date

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Coach Name – Primary Team (Printed)

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Parent Signature

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Date

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Coach Name – AP Team (Printed)

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Parent Signature

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Date

Please note:

- The OMHMHA office will hold the original copy of this completed form.
- Please refer to the current OMHMHA Policy Manual - Affiliations Policy.
- The affiliated player has to be approved by BC Hockey with fees paid in full prior to attending a game and/or practice.