

VMHA Rep Affiliation Agreement

Affiliate Team:

Player's Name:

Parent/Guardian:

Contact Email:

Contact Phone:

Player's Team:

Player's Coach:

Coach's Email:

Coach's Phone:

Manager's Email:

Manager's Phone:

I, _____, am making a commitment to the VMHA _____ as an affiliate player. By signing this document, I agree to make every effort to attend games when needed unless my team has a conflict, I am ill or injured, or if I have a school or family event.

Date
(dd-mmm-yyyy)

Player's Signature

Parent's Signature