



VMHA REP AFFILIATION AGREEMENT

(Updated February 2025)

Purpose: This agreement outlines the guidelines for rep player affiliation within VMHA. Affiliated players obtain additional training and practice opportunities with the affiliating rep team while providing support to rep teams by filling in for games when needed due to injuries, suspensions, or other absences. This program ensures that teams remain competitive while offering development opportunities for affiliated players. Affiliation is a commitment, and players should make every effort to both train and play with the affiliating team at the team's request when available.

PLAYER INFORMATION

- **Player Name:** _____
- **Date of Birth:** _____
- **Current Team:** _____
- **Affiliated Team:** _____
- **Current Team Head Coach Name:** _____
- **Current Team Head Coach Contact:** _____
- **Current Team Manager Name:** _____
- **Current Team Manager Contact:** _____

PARENT/GUARDIAN CONSENT

I, the undersigned parent/guardian, acknowledge and consent to my child's designation as an affiliated player for the affiliated team specified in the Player Information section. I understand that:

- Affiliation is subject to PCAHA, BC Hockey, and Hockey Canada regulations.
- The Head Coach of the player's current team must be notified prior to the affiliate player's participation in a game.

Parent/Guardian Name: _____ **Signature:** _____

Date: _____

PLAYER CONSENT

I, the undersigned player, acknowledge and agree to participate as an affiliated player within VMHA. I understand my obligations to my primary team and agree to follow all regulations set forth by VMHA, PCAHA, and BC Hockey.

By signing this document, I acknowledge my designation as an affiliated player for the affiliated team specified in the Player Information section. I agree to make every effort to attend games when needed unless my primary team has a conflict, I am ill or injured, or if I have a school or family commitment.

Player Name: _____ **Signature:** _____

Date: _____