

Otonabee Minor Hockey

AP Agreement - Coach to Coach to Parent

PLAYERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Team/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team To Affiliate To/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: Player’s priority will be their league, league playoffs and tournaments. Player’s choice (other than league, league playoffs and tournaments) will not be influenced one way or the other by his/her coach. If the coach wishes and at his/her discretion, he/she may let the player play with his/her AP team when priorities conflict

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When a coach wishes to use one of his/her AP players, it is **MANDATORY** that calls be made FIRST to the coach before contacting the AP player. Minimum of 24 hours notice required.

1st Call To Current Team Coach

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Number

2nd Call To Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Number

Please read the following paragraph and sign below:

I understand that I can only affiliate to one hockey team and that I will only be balled up to replace a player on a teams roster (not to increase the roster) I must follow OMHA rules on the number of games I allowed to play before I lose eligibility to play for his/her own team. I also understand that I am required to play a minimum of 50% of the regular season games of the team I am rostered to in order to be eligible for playoffs. Refer to the Affiliated Player Process & Designation Policy for full details of rules and regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Player Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

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Signature of Rostered Coach Date

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Signature of AP Coach Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President Date