



Minnesota Junior Hockey League PLAYER AFFILIATION CONSENT FORM

THIS IS TO CERTIFY THAT _____, **BORN** _____
(Player's name) (DD-MM-YY)

WILL BE PARTICIPATING WITH _____
(Affiliated Team Name)

OPERATING IN THE Minnesota Junior Hockey League.

General Manager/Coach Current Team Consent

I, _____ of the _____ hereby
General Manager/Coach Current Team

give consent for the above named player to participate as an Affiliated Player on the above named
team during the following period _____.
List date(s)

Signature: _____ Date: _____
General Manager/Coach

Parent/Guardian Consent (If player is under the age of 18)

I, _____ of the above named player hereby give consent for
Parent/Guardian

this player to participate as an Affiliated Player on the above named team.

Signature: _____ Date: _____
Parent/Guardian

MnJHL

Once form is complete, fax or send a copy to Affiliate Team. A copy of this form needs to be on file with MnJHL
Commissioner, Bob Breu. Fax 507-334-7801.