Hamilton Cardinals Rep Baseball Association

 Website: [hamiltoncardinals.ca](http://www.hamiltoncardinals.ca)

 Facebook: [facebook.com/HamiltonCardinalsRep/](http://www.facebook.com/HamiltonCardinalsRep/)

Coaches Manual

 Twitter: [twitter.com\Ham\_Cardinals\](http://www.twitter.com/Ham_Cardinals/)

 Instagram: [Instagram.com/hamilton\_cardinals\_hc](http://www.instagram.com/hamilton_cardinals_hcba/)ba/

# Offer of Affiliation

Season 20\_\_

We, the undersigned, provide this “offer of affiliation” for the designated player to register as an affiliated player with the designated team for the 20\_\_ season. This form, when signed by the player and parent/ guardian, will confirm the player’s commitment to accepting a position as an affiliated player on the team indicated below. This form, when signed by the Coach of the player’s registered team will confirm the Coach’s agreement to the player accepting a position as an affiliated player on the team indicated below. The team affiliation will be created by the Hamilton Cardinals Rep Baseball Association and approved by the Hamilton District Baseball Association.

HCBA Division/Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach of Team offering Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HDBA Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HDBA Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_.

We, the undersigned, confirm our acceptance of the offer of affiliation with the above noted team.

Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach of Player’s Registered Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Accepted at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Ontario this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_

**This form is to be used for all AP requests. Please forward a copy to the HCBA President.**

PRIVACY STATEMENT: The information on this form is required by the Hamilton Cardinals Rep Baseball Association and the Hamilton District Baseball Association