



**Northern Ontario Hockey Association
Affiliate at Large Player Form
2024-2025 Season**



This confirms that _____ is eligible to be named as an
(Player's name)

Affiliated Player with the _____ (NOJHL Team)

NOJHL TEAM

SIGNING OFFICER: _____

(Signature)

AFFILIATED PLAYER'S

ASSOCIATION SIGNING OFFICER: _____

(Signature)

CHECK HERE IF PLAYER IS A GOALTENDER

PLAYER'S REGISTERED TEAM: _____

DATE OF BIRTH: _____ **HCR NUMBER:** _____
(dd/mm/yyyy)

PLAYER SIGNATURE: _____

PARENT'S SIGNATURE: _____
(Required if Player is 18 years old and younger)

Affiliate Player acknowledges they have read and understood Rowan's Law: Yes No

Affiliate Player acknowledges they have read and understood the Junior Suspension List: Yes No

FINAL DATE TO SUBMIT PLAYER AFFILIATIONS IS JANUARY 15TH, 2025.

**PLAYER MAY NOT PARTICIPATE AS AN AFFILIATE UNTIL THIS FORM
IS APPROVED BY THE NOHA.**