

Canadian Adapted Hockey Alliance/Alliance Canadienne de Hockey Adapté
TEAM MEMBERSHIP APPLICATION FORM

1. Your first and last name:
2. Your phone number:
3. Your email address:
4. The (new) team name:
5. Name and address of the (new) team home rink(s):
6. Your position within the (new) team organizational board or group:
7. Is/will your team be governed by a Board of Directors/Operations/Leadership Team?
8. If you answered yes, please list the names of all board and/or leadership team members and specify their role, if applicable.
9. Please list the names of your Head Coaches below:
10. Are you already affiliated with your national governing body? (ex. Hockey Canada)? If so, which is your local branch (ex. Hockey of Eastern Ontario, etc.)?
11. Please provide the name of your insurance provider:
12. Does your insurance policy cover not only your players, but also your volunteers and leadership team?
13. In establishing your (new) team, have you or will you recruit players and/or volunteers, from other CAHA/ACHA teams in your area?
14. The name of the town or city and the province/state/territory the (new) team has been or will be established in:
15. Are there other CAHA/ACHA teams in the same area that you have established or are establishing this team?
16. Name(s) of CAHA /ACHA team(s) nearest to you:
17. If there are previously established adapted hockey teams in your area, have you met and conferred with them as to your plans to (build a new team and) enter into CAHA/ACHA membership?
18. If there are previously established adapted hockey teams in your area, do they support your efforts to (build a new team in the same area and to) enter into CAHA/ACHA membership?

19. Do you agree with the following statement: "CAHA /ACHA is committed to supporting and encouraging the development of new special/adapted hockey programs while protecting and nurturing established CAHA teams. The establishment of new CAHA/ACHA teams should never come at the detriment of previously established teams!"

Agree Disagree

20. By completing this application form, you and your team leadership group agree to abide by the constitution and by-laws of CAHA/ACHA. You also agree to accept the decision of the CAHA/ACHA Board in regards to your membership application as final:

Agree Disagree

21. By completing and submitting this form, you and your leadership team agree to share in the fundamental CAHA/ACHA value of upholding friendship and fun as our primary goals at the annual tournament, as well as in practice throughout the year for all member teams. You understand that teams in violation of these goals may lose their CAHA/ACHA membership (at the discretion of the CAHA/ACHA BOD) and will not receive any compensation for their membership fee. You further agree that any behaviour by your team's leadership and/or coaching staff that is deemed to be in contradiction to the goals of CAHA/ACHA may also lead to dismissal of your team's CAHA/ACHA membership.

Agree Disagree

22. By completing and submitting this form, you and your leadership team agree that if your team is granted membership into CAHA/ACHA, membership fees must be up-to-date in order to attend any CAHA/ACHA tournament.

Agree Disagree

23. I verify that all of the information given above is true, to the best of my knowledge.
Please initial here: _____

24. **Condition of Application:** this application form **must** be completed in full and submitted either as an online submission via the website link or in an email to the CAHA/ACHA Secretary: canadianadaptedhockeyalliance@gmail.com

Any attempts to circumvent this process or any incomplete applications will result in dismissal of the application.

**THANK-YOU FOR TAKING THE TIME TO COMPLETE THE
CAHA/ACHA MEMBERSHIP APPLICATION FORM!**