



SPS Fuzion Affiliation Agreement 2019-2020

Date: _____

Players Name requesting to be Affiliated: _____

Players Current Team: _____

Team requesting to Be Affiliated To: _____

Parent Signature: _____

Players current team Head Coaches Signature _____

- Copies of completed and signed forms are to be emailed to secretary@spsfuzion.com
- The level director will advise the requesting team manager when the player affiliation has been approved and the player has been added to requesting teams HCR. The player may not play a game until this has occurred.
- Players may only play games with the requesting team when agreed upon by the players current team Head Coach.
- Please review section 4.2.3 and 4.2.4 of the Fuzion Policies and Procedures to ensure the proper use of affiliates is being followed.