



**Contract for An Additional/Substitution Goalie at a Provincial
Championship for the U14, U16 and U19 age levels**

I _____ accept the invitation from the
(Name of Goalie)

_____ to attend the
(Team – Association and Age Level)

_____ with the team as a second goalie.
(Provincial Event)

I understand that this role is unique to the Provincial Championships, and the Fair Ice Policy will not apply. I will be allowed to play in up to a maximum of 2 games except for illness or injury to the original team goalie.

The expectations of the team will be clearly outlined, documented, and attached to this form prior to signing.

(Signature of Goalie)

(Signature of Parent/Guardian)

(Signature of Receiving Coach)

(Date Signed)