

SPRINGFIELD RANGERS HOCKEY

FINANCIAL CONTRACT

My/Our child, _____ has been selected from a tryout process to play for the Springfield Rangers Hockey full year season. As the Parent(s) and/or Guardian(s) of the above named player, I/We agree and accept the following terms and financial obligations within the contract, which follow.

I/We the Parents and/or Guardian(s) hereinafter known as Payer(s) of the above named player, agree to make tuition payments in the following amounts: one payment of Five Hundred and 00/100 (\$500) Dollars to be paid and delivered along with this signed contract at the Parents Meeting. This \$500 is non-refundable. This payment reserves your player's spot on this roster. Failure to make this payment in a timely manner could result in the loss of the roster spot. After the initial payment, a tuition payment will be made on May 1 in the amount of Four Hundred Dollars (\$400), and on June 1 in the amount of Four Hundred Dollars (\$400) for a total tuition amount paid of One Thousand Three Hundred Dollars and 00/100 (\$1,300). Full tuition is binding and also non-refundable.

I/We the Payer(s) fully understand and agree to accept that all tuition payments or other financial payments made to Springfield Rangers Hockey season are for the right to practice only. Game ice-time will be determined by the coaching staff based on, but not limited to, traits such as character, talent, discipline, hard work, and attendance at team practices. I/We the Payer(s) understand, and agree, and accept that there may be other expenses and costs associated with my/our son/daughter playing for the Springfield Rangers Hockey that are not covered by or listed herein on this financial contract, including but not limited to equipment, fuel for your vehicle, meals hotels, tournament expenses, etc. and I/We Payer(s) assume, agree and accept any and all additional costs.

In the event that your team organizes a fund raiser, I/We the Payer(s) agree to participate in any and all team or organizational fund raisers, and understand that if I/We Payer(s) decide not to participate in any of said fundraisers that at the option of the Springfield Rangers Hockey we will be assessed an amount of money that is based on any amount the other families in the organization raised in during that particular fundraiser.

I/We Payer(s) understand, agree and accept that if My/Our Child's association with the Springfield Rangers Hockey season is temporarily halted by injury or suspension, or is terminated for any reason from the date of execution of this agreement that I/We Payer(s) will remain responsible for fulfilling, paying and abiding by the terms of this contract. These terms require payment of full tuition of \$1,300.

Parent/ Guardian

Date

_____ (parent initial) **I/We understand that our child cannot be on any other roster or participate on any other hockey team.**

Mail payments to: Springfield Rangers, P.O. Box 238, West Springfield, MA 01090