

**SALEM SAINTS HOCKEY
OFFICIAL REGISTRATION POLICY
TUITION PAYMENT PLAN**

Travel Program – One League (30 games) \$1,475.00 1 st Payment due at Team Acceptance \$500.00 (required to secure spot on respective team) 2 nd Payment due June 15 th 2010 \$500.00 Final Payment due August 15 th 2010 \$475.00 (required to receive game jersey) In addition to the above tuition, a \$50 per player fundraising fee will be collected at team acceptance & returned upon participation in tag day in Sept 2010	Travel Program – One League (45 Games) \$1725.00 1 st Payment due at Team Acceptance \$575.00 (required to secure spot on respective team) 2 nd Payment due June 15 th 2010 \$575.00 Final Payment due August 15 th 2010 \$575.00 (required to receive game jersey) In addition to the above tuition, a \$50 per player fundraising fee will be collected at team acceptance & returned upon participation in tag day in Sept 2010
Travel Program - Midget Split Season \$1,025.00 1 st Payment due at Team Acceptance \$425.00 (required to secure spot on respective team) 2 nd Payment due June 15 th 2010 \$300.00 Final Payment due August 15 th 2010 \$300.00 (required to receive game jersey)	<i>Mite-Bantam goalies & third child from the same family receive a \$400 discount on travel programs. Midget goalies receive \$200 discount.</i> <i>\$50 referral bonus available to Saints families for each new player recruited to the program (see below for complete details)</i> <u>REFERRAL BONUS FORM MUST BE SUBMITTED ALONG WITH NEW PLAYERS REGISTRATION FORM. LATE REFERRAL FORMS WILL NOT BE ACCEPTED</u>

* Note: No tuition monies will be refunded if a child or parent is suspended under but not limited to SYH, Inc., NHAHA, Valley League and USA Hockey Rules.

I agree to meet my financial obligations with respect to the above tuition installment plan. I fully understand that each installment plan payment is non-refundable. If any of the installment plan payments are not received by the Treasurer, by the due date, your child's position may be forfeited and any monies received to date will not be refunded. In addition to the above tuition, a \$50 per player fundraising fee will be collected upon team placement. This payment will only be returned when your family participates in the league fundraiser.

Initial: _____

Withdrawal Policy

No money will be refunded if you withdraw your child from the SYH, Inc.

Initial: _____

Medical Credit

If your child is injured for more than 30 days you may request a credit to be applied towards next season. The prorated credit will not exceed \$500.00. Your request must be accompanied by a signed doctor's note clearly stating the injury and the dates your child is unable to participate. Your child may not resume participation until the league receives a signed note by his/her doctor stating that your child has been medically cleared to resume play in SYH, Inc.

Initial: _____

Release from Salem Saints Hockey Program

Releases are given to players that have no financial obligations to SYH, Inc. All releases must be approved by the Executive Board. Release approval will only be given at the monthly board meetings. All release requests must be submitted to the registrar 1 week prior to the scheduled meeting.

Initial: _____

Consent for Medical Treatment

I/We the parent or guardian of the above named player hereby gives my consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Initial: _____

Travel Team Commitment

All players are required to travel to all games with the understanding that forfeiture of these games costs the league a substantial fine. Any fines levied against the SYH, Inc. for a "no show" game become the responsibility of that team's parents to pay. Payment of the fine in lieu of playing any game is not acceptable as it places the entire program league in jeopardy of expulsion from NHAHA/Valley League play. Furthermore, all Parents, Players and Coaches are subject to additional penalties/suspensions under the NHAHA/Valley League Rules.

Initial: _____

I have reviewed a copy of the 2010/2011 Salem Saints Registration Form and reviewed the SYH, Inc. policies on the Saints Website, www.salemsaints.org (a hard copy will be provided upon request). I agree to abide by all Rules stated in the SYH, Inc., NHAHA, Valley League and USA Hockey By-laws, Rules, Regulations and Policies.

Signature of Legal Parent or Guardian _____

Date _____

PLEASE REMIT REGISTRATION FORM WITH \$50.00 Tryout Fee to:

**Salem Saints Hockey
C/O Treasurer
PO Box 1594
Salem, NH 03079**

Please note: A \$25.00 fee will be charged for each returned check.



NEW PLAYER REFERRAL BONUS FORM

To receive the \$50.00 rebate for referring a new player, this form must be completed in its entirety and submitted along with the new players registration form.

A \$50 rebate will be given to the referring player once the following criteria have been met.

- 1.) Both the new player and the referring player are rostered on a Salem Saints Team for the 2010-2011 season as a full-time player.
- 2.) Both the new player and the referring player have paid their tuition in full for the 2010-2011 season.
- 3.) There is no outstanding balance for the referring player from a previous season.

A new player is defined as someone that did not appear on a Salem Saints team roster during the 2009-2010 season.

New Player Name:

Address: _____ City: _____ State: _____
Zip: _____

Home phone _____ Previous Team

Referring Player Name:

Address: _____ City: _____ State: _____
Zip: _____

Home phone _____

Confirmed By:
