

ENFIELD HOCKEY ASSOCIATION

LETTER OF COMMITMENT

I _____, hereby accept a position with the Enfield Hockey
(Player's Name)

Association (EHA), on the _____ Program for the 2019-2020 season.
(Division Name / Team Name)

The position I am accepting is: ___ Full-Season ___ Half-Season (Bantam and Midget Only)
___ Practice Player (available at Mite and Squirt levels only)

We, the undersigned player and parents/legal guardians of said player, understand by executing this Letter of Commitment and paying the non-refundable commitment fee agree to the following terms and conditions of this commitment:

1. We agree to remain with the Enfield Hockey Association for the entirety of the 2019-2020 season, as identified above.
2. We agree to pay in a timely manner the 2019-2020 season financial obligation for the program and team listed above. We understand and agree that there are no refunds and that fees for the entire program season are due and payable in accordance with EHA's 2019-2020 Payment Policy and Fee Schedule which does not include the player's jersey's but does include team specific tournament fees.
3. We understand and agree that if the above named player chooses to no longer participate with the contracted team above after signing this agreement he/she is ineligible to participate with any other Connecticut Hockey Conference member program for the 2019-2020 season.
4. We understand and agree that a player who chooses not to participate remains obligated to satisfy any outstanding financial obligations due Enfield Hockey Association for the 2019-2020 season.
5. We understand and agree that a player who does not participate for the entire season or a portion of the season after signing the commitment letter is not entitled to any partial refund, full refund, or forgiveness of program fees or expenses. This includes but is not limited to injury or disciplinary issues.
6. We understand and agree that the above named player must obtain a proper Connecticut Hockey Conference release from the Enfield Hockey Association and satisfy any financial obligations to the program, prior to registering with any new program in any ensuing season.
7. We recognize and understand that hockey is a dangerous sport that could result in injuries and long term illness. We understand that we are still obligated to satisfy the financial obligation regardless of the time missed. Under EHA's payment policy and procedure agreement members have the right to petition the board to review this stated obligation on a case by case basis.
8. We agree to abide by all Rules and Regulations and Codes of Conduct set by EHA, USA Hockey, CHC, GSL and any other league sanctioned games that EHA participates.

We the undersign player and parents/legal guardians further understand and accept that this letter of commitment may be terminated by mutual consent between the Enfield Hockey Association and the player. Upon such mutual consent and payment of any outstanding obligated under EHA's payment plan, Enfield Hockey Association will issue a proper Connecticut Hockey Release and the player may transfer to another program for the 2019-2020 season. Such mutually agreed transfers must occur by August 31, 2019.

Players Name/Signature _____ Date _____

Parent/Guardian Name/Signature _____ Date _____

Parent/Guardian Name/ Signature _____ Date _____

