



OFFICIAL HOME OF THE

# WEST HAVEN YOUTH HOCKEY

## BLUE DEVILS

**President:** Kyle Bensen ~ **Vice President:** Bill Norton

WHYH PO Box 17453, West Haven, CT 06516 ~ **Website** [www.westhavenyha.org](http://www.westhavenyha.org)

## LETTER OF COMMITMENT

I, \_\_\_\_\_, (Player's Name) hereby accept a position on the \_\_\_\_\_, (Team name) for the 2018 – 2019 Connecticut Hockey Conference season.

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

1. We agree to remain with the program for the duration of the 2018-2019 season.
2. We agree to pay the full season financial obligation, as set forth by the above named Connecticut Hockey Conference member program.
3. We agree not to participate in any other member or non-member program for the 2018-2019 season.
4. We understand and accept that if the above named player refuses to participate with the above named program that he/she is ineligible to participate with any other Connecticut Hockey Conference member program and must sit out the remainder of the current season.
5. We understand and accept that a player who sits out due to refusal to participate remains obligated to satisfy any outstanding financial obligations due to the program for the 2018-2019 season.
6. We understand and accept that a player who sits out all or a portion of a season is not entitled to any partial or full refund of program fees or expenses.
7. We understand and accept that player must obtain a proper Connecticut Hockey Conference release from the above program prior to registering with any new program in any ensuing season.

We, the undersigned player and parents/legal guardians further understand and accept that this Letter of Commitment may only be terminated by mutual consent between the above named program and player. Upon such mutual consent, and payment of any outstanding financial obligations, the program will issue a proper Connecticut Hockey Conference Release and the player may transfer to another program. Such mutually agreed on transfers must occur prior to November 1, 2018.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Name (please print)

\_\_\_\_\_  
Parent or Guardian Name (please print)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Email Address