



South Windsor Youth Hockey 2018 – 2019 Season

Letter of Commitment

I, _____, hereby accepts a position on _____,
(Player's Name) (Team Name)

with South Windsor Youth Hockey Association 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 South Windsor Youth Hockey Association for the entirety of the 2018/2019 season.
2. We agree to pay the full season financial obligation for the program and/or team listed above. We understand and agree that there are NO REFUNDS and that the fees for the entire season are due and payable in accordance with SWYHA's payment schedule upon signing this letter of commitment.
3. Except as set forth below, we understand and agree that if the above named player refuses to participate with the above named program and team after signing this agreement that he/she is ineligible to participate with any other Connecticut Hockey Conference member program and must sit out the remainder of the 2018/2019 season.
4. We understand and agree 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.
5. We understand and agree that a player who sits out all or a portion of the season is not entitled to any partial or full refund or forgiveness of program fees or expenses.
6. We understand and agree the above named player must obtain a proper Connecticut Hockey Conference release from the above program, and satisfy any financial obligations to the program, prior to registering with any new program in any ensuing season.

We, the undersigned player and parents/legal guardians further understand and agree that this Letter of Commitment may only be terminated by mutual consent between the Board of Directors of South Windsor Youth Hockey Association 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.

We understand and consent that photographs are often taken of the players at practices and games, and we further understand and consent that SWYHA may choose to use those photos in updates via email, on our website and in SWYHA social media.

Player's Signature

Date Signed

Parent or Guardian Name (please print)

Parent or Guardian Name (please print)

Parent or Guardian Signature

Parent or Guardian Signature

Date Signed

Date Signed



**South Windsor Youth
Hockey 2018 – 2019 Season**

Parent Financial Contract & Credit Card Authorization Consent Form

Player Name: _____ Team Name: _____

I, _____,
(Parent/Guardian Name - print)

completely understand the financial responsibility involved with joining South Windsor Youth Hockey. The financial responsibility includes the Tuition Plan to be announced after determined in the Spring/Summer and Payment Options included herein. **(Initial ALL lines)**

_____ Installment payments are due on the **1st day of each month and must be received by the 5th of the month**

_____ If installment amount is not received by the 5th of the month **my credit card will be charged the monthly installment amount plus a \$25 fee.**

_____ Any attempt to avoid collection of tuition due to South Windsor Youth Hockey by canceling credit card charges or any other means will result in my child losing his/her privilege to play.

_____ I understand that I am responsible for the entire cost of the 2018-'19 tuition, no exceptions.

_____ If tuition is not current by September 1, the player will not be allowed to skate at practices, games or skills until tuition is current. Further, if tuition is not received in full by the final Installment Date listed above, the player will not be allowed to skate at practices, games or skills until the tuition is paid in full.

Parent/Guardian Signature: _____

Credit Card expiration date must be after December 1, 2018

Credit Card Type: Visa or MasterCard

Name as it Appears on Card: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

I authorize a charge against my credit card as it pertains to the above Parent Financial Contract and agree to the guidelines set forth in this agreement.

Parent Name (print): _____

Signature: _____ Date: _____