



# WASECA YOUTH HOCKEY ASSOCIATION EQUIPMENT RENTAL FORM

### PLAYER INFORMATION:

Name: \_\_\_\_\_

Indicate Team:  L2S       Mite       8U       Squirt       10U

### PARENT/GUARDIAN INFORMATION:

Primary Contact

Secondary Contact

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### STANDARD EQUIPMENT:

Out		Returned	Damaged
<input type="checkbox"/>	Helmet Size: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chest Protector Size: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Elbow Pads Size: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Shin Guards Size: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Breezers Size: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Gloves Size: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bag: _____	<input type="checkbox"/>	<input type="checkbox"/>

Player Equipment Rental Fee (September – April): **\$75.00** \*Make Checks Payable to: **Waseca Hockey Association (Today's Date)**

Player Equipment Rental Fee (September – September): **\$100.00** \*Make Checks Payable to: **Waseca Hockey Association (Today's Date)**

Deposit Fee (September – April): **\$250.00** \*Make Checks Payable to: **Waseca Hockey Association (04/30/2019)**

*Equipment must be returned or re-rented by April 30<sup>th</sup>, 2019*

*All equipment rentals require a \$250 deposit. The deposit will be held until the equipment is returned to the Equipment Manager. When the equipment is returned, the deposit will be returned. If the equipment is not returned by April 30<sup>th</sup>, rented for the summer and the summer rental fee paid, arrangements made with the Equipment Manager, or if the equipment is damaged beyond reasonable wear and tear, the deposit check will be cashed. If the helmet expiration date is tampered with, removed, or covered, the deposit check will be cashed.*

*If your check is returned by the bank NSF there will be a \$30 fee assessed. Only a cashier's check or money order will be accepted in the amount of the monies owed plus the \$30 NSF fee within 30 days.*

Renter Acknowledges receiving equipment in good condition except as follows: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*Disclaimer:** By signing this rental agreement the signor acknowledge that the Waseca Hockey Association is not responsible for any injury/illness established while wearing said equipment.