

## 2021 - 2022 Piedmont Hockey Club Travel Program Registration

This is a legally binding contract. This document embodies the totality of this agreement.

Player Information:				
Last Name	First Name	First Name		
Date of Birth	Male / Female	Home Phone	<b>;</b>	
Parent/Guardian Name (1)		_		
Cell	Email			
Parent/Guardian Name (2)				
Cell	Email			
Address			Zip	
Please check any of the following that a	pply:			
Player is eligible for \$200.00 2nd	travel sibling discount List si	ibling:	· · · · · · · · · · · · · · · · · · ·	
Player is eligible for \$500.00 Goa	lie Discount (for full-time goa	llies on YOUTH TEAM	MS ONLY)	
Player is eligible for \$250.00 Goa	` `	llies on GIRL'S TEAM	1S ONLY)	

## PLEASE REVIEW THE FOLLOWING PARAGRAPHS:

**Understanding registration fees.** I/We fully understand the registration fees for players committing to the Piedmont Travel Hockey Program. The Piedmont Hockey Club Travel Program fees reflect initial registration for player. These fees DO NOT include uniform items. In an effort to give families the opportunity to split payments over the season, we are providing a payment schedule for the registration fees.

Team PLEASE CIRCLE	Season Fee:	Deposit with Tryout Registration		Paid-in-Full INCLUDING \$100 Discount, see #1 below		Payments due Upon registration – due by7/1. 8/1, 9/1, 10/1, 11/1 respectively
10U Sky	\$2,950.00	\$500.00		\$2,350.00	1	\$490.00
12U Sky	\$2,950.00	\$500.00		\$2,350.00		\$490.00
12U Navy	\$2,950.00	\$500.00		\$2,350.00	0.0	\$490.00
14U Sky	\$3,250.00	\$500.00	THEN	\$2,650.00	OR	\$550.00
14U Navy	\$2,950.00	\$500.00		\$2,350.00		\$490.00
16U Sky	\$3,250.00	\$500.00		\$2,650.00		\$550.00
16U Navy	\$2,950.00	\$500.00		\$2,350.00		\$490.00
18U Sky	\$3,250.00	\$500.00		\$2,650.00		\$550.00
12U Girl's	\$1,150.00	None		NA		\$230.00
14U Girl's	\$2,250.00	None		\$2,150.00		\$450.00
19U Girl's	\$2,450.00	None		\$2,350.00		\$490.00

## **Payment Options:**

- 1. Payment in full by July 1 for \$100 discount; ONLY if paying with cash or check payable to Piedmont Hockey Club.
- 2. If not paying in full, or paying by credit card, complete 2021-2022 Travel Season Registration at <a href="https://www.piedmonthockeyclub.com">www.piedmonthockeyclub.com</a>. Credit card customers will pay credit card processing fee.

## PLEASE REVIEW ALL OF THE FOLLOWING PARAGRAPHS

Agreement to pay registration fees in full. I/We agree to accept financial responsibility for Player's registration fees for the Piedmont Hockey Club Travel Program. By submitting this document, I agree to pay the season fees in full. This *Piedmont Registration Form, Consent to Treat, USA Hockey Code of Conduct, Waiver of Liability, and USA Hockey Registration* are due before the player may participate in any Piedmont Hockey Club event. If not paying in full the remaining balance of fees will be divided into 5 payments due July 1, August 1, September 1, October 1, and November 1. If the monthly installments are not paid when due, I/We understand that a late fee of \$25.00 per installment will be charged for all past due accounts. In addition, I/We understand that if the Player's account becomes past due, the Player will not be eligible

to participate in any Piedmont Hockey Club event until the Player's account is brought up to date. I/We understand that all discounts will be applied to the final payment. I/We further understand that all registration fee discounts will be forfeited should the Player's account become past due at any time. I/We agree that ALL fees are non-refundable, except as noted below for 2021-2022 season ONLY.

**Assessment Fees.** I/We understand that individual Piedmont teams may choose to participate in additional activities not included in the registration or season fees. Those fees may include, but may not be limited to, tournament fees, off-ice training, team parties, etc. I understand that by participating on a Piedmont team, that I will be required to pay my player's prorated portion of any assessment fees calculated by the team.

**Appointment of Agent.** I/We appoint the representative or coach of the Piedmont Hockey Club, or Haymarket Iceplex employee, as my/our agent for the purpose of authorizing medical attention in the event that the Player requires emergency medical attention while in the care of Piedmont Travel Hockey.

Acknowledgment of Risk and Release of Liability. I/We understand that participation in, and observation of, the sport of ice hockey constitutes a risk to the Player and observer of serious injury, including permanent paralysis or death. I/We, on behalf of myself/ourselves and/or the Player, voluntarily and knowingly accept and assume this risk and release Piedmont Hockey Club and all duly appointed, or recognized officers, volunteers, officials, affiliates, sponsors, and event organizers, from any and all liability arising from, or related to, any Piedmont Hockey Club function.

**Privacy Notice.** In connection to your relationship with Piedmont Hockey Club and Haymarket Iceplex, we may obtain non-public, personal information about you, and that information is handled as stated in this notice. We will not disclose any non-public, personal information about you to anyone except as permitted by law. Furthermore, we will restrict access to your non-public, personal information to only those Piedmont Hockey organizational personnel (Registrar, Coach, Team Manager, etc.) who need to know that information to ensure products or services are available to you. Piedmont may also use photos and likenesses of players in club publications.

Agreement to abide by all bylaws, guidelines, and policies. I/We understand that the Player and my/our family represent the Piedmont Hockey Club when participating in Piedmont Hockey Club events and agree to be bound by, and abide by, all USA Hockey Bylaws, Official Rules, Codes of Conduct, Zero Tolerance, and other applicable policies, as well as PHC rules, guidelines, codes or conducts, etc. found in the PHC handbook. I certify that I am familiar with these policies/rules and understand that Piedmont Hockey Club will provide me with a copy of any of them upon request. I/We also agree and understand that one parent/guardian may be obligated to attend a Parent Education class as a condition of Player's participation in a Piedmont Hockey Club program.

**Commitment.** We, Parent/Guardian and Player, understand that acceptance of a roster position on a Piedmont Travel Team in the 2021-2022 season includes an agreement to participate as a Team Member from acceptance of the position through the completion of the season. Participation includes attending all practices, team meetings, tournaments and scheduled games, unless unable to do so because of illness, injury or other valid reason as determined by your team's Head Coach. This commitment to participate is essential for both the Player's and team's success.

Piedmont Hockey Club Refund Policy for 2021 - 2022 Season. The Piedmont Hockey Club endeavors to provide the highest quality hockey experience possible for a reasonable fee. There may be external factors that adversely affect Piedmont's ability to deliver the hockey experience. I/We understand that there may be circumstances beyond (or even within) Piedmont's control that may not allow for them to provide the hockey experience Piedmont had endeavored to provide. If Piedmont is not able to provide any hockey experience whatsoever or Piedmont is forced or chooses to cancel the season, I/We understand that Piedmont will refund a prorated amount, less administrative fees.

Review ar	d agreement. I/We as the parent(s) and/or legal guardian(s) of Player, have read and agree to all statements.
Parent / 0	Guardian Name - Please Print
Parent / 0	Guardian Signature
Date	
Please k	ring completed registration packet and payment to your respective team meeting.
	tion packet includes:
_ P	iedmont Travel Registration Form (this form) with payment
	SA Hockey Consent to Treat/Medical History Form
	SA Hockey Participant Code of Conduct
	SA Hockey Waiver of Liability
	opy of birth certificate ONLY for NEW travel players