

SPRINGFIELD RIFLES HOCKEY FINANCIAL CONTRACT
GIRLS HALF YEAR TEAM

My/Our child, _____ has been selected from a tryout process to play for the Springfield Rifles Hockey half year team. As the Parent(s) and/or Guardian(s) Of the above named player, I/We agree and accept the following terms and financial obligations within the contract.

The terms of this agreement are as follows:

We encourage you to pay full tuition of **\$1,800** at the time of commitment. If you are unable to pay in full at the time of commitment, the following terms are acceptable. The Parents and/or Guardian(s) hereinafter known as Payer(s) of the above named player, agree to make tuition payments in the following amounts: a payment of \$900 to be paid and delivered along with this signed contract. This \$900 is non-refundable. This payment reserves your player's spot on this roster. Failure to make this payment in a timely manner could result in the loss of the roster spot. After the initial payment, a final payment of \$900 will be due by June 1 for a total tuition paid of One Thousand Eight Hundred Dollars (**\$1,800.00**). Full tuition is binding and also non-refundable.

All players must be paid in full by July 1. After this date players will not be permitted to participate until full tuition is paid. Furthermore, the Springfield Rifles reserve the right to assess a late fee of up to \$100 to be applied once per month to any (and/or all) late payments.

I/We the Payer(s) fully understand and agree to accept that game ice-time will be determined by the coaching staff based on, but not limited to, traits such as character, talent, discipline, and hard work. I/We the Payer(s) understand, and agree, and accept that there may be other expenses and costs associated with my/our son/daughter playing for the Springfield Rifles hockey team, which are not covered by or listed herein on this financial contract, including but not limited to equipment, fuel for your vehicle, meals hotels, tournament expenses, etc. and I/We Payer(s) assume, agree and accept any and all additional costs.

I/We Payer(s) understand, agree and accept that if My/Our Child's association with the Springfield Rifles Hockey half year team is temporarily halted by injury or suspension, or is terminated for any reason from the date of execution of this agreement that I/We Payer(s) will remain responsible for fulfilling, paying and abiding by the terms of this contract.

Parent/ Guardian

Date

Mail Payment To: Springfield Rifles, PO Box 238, West Springfield, MA 01090

Pay Online: www.rifleshockey.com