



# Coon Rapids Youth Hockey

## **Player Refund Policy**

Requests for refunds must be made by the guardian(s) of the player within twenty (20) days of the last date that the player participated in team activities. Refunds should be requested by completing a Refund Request Form. The amount of any refund is dependent on the last day of participation as documented by the coach or level director, and may vary depending on the level of play.

Completed Refund Request Forms must be sent to the Registration Coordinator (contact info on CRYHA website). A \$50 processing fee will apply to all refunds.

### **Percentage of Refund**

100% refund (minus processing fee) prior to the start of tryouts.

Once tryouts begin, any refund will depend on the last date the player is on the ice and/or participates in team activities, less the processing fee. Note that this applies to players that switch to the High School team after registering and beginning the season with CRYHA.

Once teams have been formed and rosters have been signed by District 10, there will be no refunds. If a player is injured during a CRYHA-sponsored activity (e.g., practice/game, dryland, etc.) and cannot play for a portion or remainder of the season, an exception may be granted by the CRYHA Board of Directors on a case-by-case basis. The time away from CRYHA activities related to injury must be 3 weeks or longer to qualify for a possible exception. Refunds for injury are not guaranteed. No refunds will be granted for injuries that occur outside of CRYHA-sponsored activities.

**All loaned CRYHA equipment must be returned prior to any refund being given.**



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## REFUND REQUEST FORM

*Send Completed Form to the CRYHA Registration Coordinator*

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Level of Play/Team \_\_\_\_\_ Coach \_\_\_\_\_

Last Day the Player Participated \_\_\_\_\_

Reason Player Can No Longer Participate:

\_\_\_\_\_

If injury-related, at what CRYHA-sponsored event did injury occur? (circle one)

Practice

Game

Dryland

**Does the Player Have CRYHA Equipment?      Yes      No      (Circle One)**

**\*\*All Equipment must be returned prior to receiving refund.\*\***

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

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**CRYHA Use:**

Date Received: \_\_\_\_\_ Date Forwarded to Treasurer: \_\_\_\_\_

Equipment Returned? Y / N

Amount To Be Refunded: \_\_\_\_\_

Refund Check No. (if applicable) \_\_\_\_\_

Notes: \_\_\_\_\_