

SPRINGFIELD RANGERS HOCKEY

FINANCIAL CONTRACT

My/Our child, _____ has been selected from a tryout process to play for the Springfield Rangers Hockey full year season. 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, which follow.

The terms of this agreement are as follows.

The total tuition One Thousand Dollars (\$1000). I/We the Parent(s) and/or Guardian(s) (hereinafter known as Payer(s)) of the above-named player agree that the full tuition obligation is incurred at the time this contract is signed and tuition payments are not refundable for any reason. I/We, the Payer(s), hereby waive any claims that we may have that the full tuition is not due, or that any part of the full tuition is refundable.

\$500 is due at the time of commitment and **\$500** is due on May 1st. A late fee of **\$100** per week might be charged if any auto-debit fails

Pay online using the Springfield JR Thunderbirds online website's payment portal
www.juniorthunderbirds.com

I/We the Payer(s) fully understand and agree to accept that all tuition payments or other financial payments made to Springfield Rangers Hockey season are for the right to practice only. Game ice-time will be determined by the coaching staff based on, but not limited to, traits such as character, talent, discipline, hard work, and attendance at team practices. 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 Rangers Hockey that 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 Rangers Hockey season 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

_____(parent initial) I/We understand that our child cannot be on any other roster or participate on any other hockey team.

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