

SPRINGFIELD RIFLES HOCKEY
GIRLS FINANCIAL CONTRACT

My/Our child, _____ has been selected from a tryout process to play for the Springfield Rifles 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.

The terms of this agreement are as follows. I/We 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 \$700 to be paid and delivered along with this signed contract at the Parents Meeting. This \$700 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, tuition payments will be made on the first day of each month from May 1 to August 1 in the amount of \$600 per month, and one final payment on September 1 in the amount of \$400, for a total tuition amount paid of Three Thousand Five Hundred Dollars and 00/100, **(\$3,500)**. Full tuition is binding and also non-refundable.

All players must be paid in full by September 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 all tuition payments or other financial payments made to Springfield Rifles 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 Rifles 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 assume, agree and accept any and all additional costs.

In the event that the Springfield Rifles Hockey does a possible fund raiser, I/We the Payer(s) agree to participate in any and all team or organizational fund raisers, and understand that if I/We Payer(s) decide not to participate in any of said fundraisers that at the option of the Springfield Rifles Hockey we will be assessed an amount of money that is based on any amount the other families in the organization raised in during that particular fundraiser.

I/We Payer(s) understand, agree and accept that if My/Our Child's association with the Springfield Rifles 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.**

Mail Payment To: Springfield Rifles, PO Box 238, West Springfield, MA 01090
Pay Online: www.rifleshockey.com