



As a condition of the participation of (insert player's name) \_\_\_\_\_ in the 2017-2018 Kent Valley Hockey Association (KVHA) hockey program, the undersigned, as the authorized parent or guardian agrees and warrants as follows:

1. A STATE CERTIFIED COPY OF THE PLAYER'S BIRTH CERTIFICATE WILL BE REQUIRED AT TIME OF REGISTRATION. **(Note on Birth Certificates - KVHA and USA Hockey do not accept hospital issued birth certificates, or "credit card" size birth certificates. Immigration - If you were born outside of the US, please provide a copy of your **current** Resident Alien card or I-94 Visa. USA Hockey does not allow any exceptions!)**
2. Gives KVHA permission to use photos of player in any news, marketing and promotional materials or training purposes, unless otherwise indicated in writing to KVHA by parent/guardian.
3. All players and parents shall abide by the rules and regulations established by KVHA, USA Hockey, Pacific Northwest Amateur Hockey Association (PNAHA), and Kent Valley Ice Centre (KVIC). Such rules may be modified from time to time as deemed necessary and the undersigned assumes all responsibility to abide by such rules for the duration of the season. All team assignments, ice times and locations will be made by KVHA. KVHA may, in its sole discretion, exclude or expel any person from the program for violation of these provisions.
4. As parent or guardian of the above-named player on a KVHA team, I/we hereby give our approval to participate in any and all KVHA activities. I/we do further hereby release, absolve, indemnify, and hold harmless Kent Valley Ice Centre, its owners, employees, officers and directors, Kent Valley Hockey Association, its officers, board members, coaches, supervisors, and any authorized physician, from any and all liability whatsoever that arises out of our Players participation in the program. I/We understand that the term "authorized" physician means not only our own physician listed above, but any other licensed, practicing physician who is called on to perform the required medical services.
5. KVHA registration fees listed herein do not include team slush payments. Teams typically establish a "slush fund" to pay for tournament entry fees, coaching expenses, team apparel (if desired), etc. and such team expenses are not included in your KVHA season ice fees. All team slush payments are to go through the team account. They are not collected nor billed by KVHA and they are established by the team parent group. Parent agrees to pay these slush fund payments when due.
6. By signing below, Parent or Legal Guardian accepts the 2017/2018 Payment Schedule and Financial Agreement attached.

This release is good for the entire 2017/2018 Season.

### **CONSENT FOR TREATMENT OF A MINOR**

AS A PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED CHILD, I GIVE CONSENT FOR IMMEDIATE MEDICAL TREATMENT IN THE EVENT THAT NEITHER PARENT/GUARDIAN IS AVAILABLE AT THE TIME SUCH TREATMENT IS NEEDED.



Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Kent Valley Hockey Association Financial Agreement

Player Name: \_\_\_\_\_

I (parent/guardian) \_\_\_\_\_, am the person of financial responsibility for the player named above and I agree to pay the amount of \$\_\_\_\_\_ for the 2017-2018 Kent Valley Hockey season.

There will be \_\_\_\_\_ monthly payments of \$\_\_\_\_\_ due on the 1<sup>st</sup> of each month. I agree that I am responsible for keeping this account current and I authorize KVHA to automatically charge my Credit Card on the dates listed below per the monthly schedule. Credit Card information must be included on the form to guarantee payment. **I understand all credit card payments are subject to a 3% service fee on the amount paid<sup>1</sup>.**

I understand that a registration fee of \$250.00\* will be charged today (enter date): \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**(\*If this is for a LTP/Mini Mites registration, a fee of \$75.00 (not \$250) will be charged today)**

Please charge an additional amount of \$\_\_\_\_\_ to my card today to go toward my fees.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_

My credit card number is (Visa/MC only): \_\_\_\_\_

CC Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 digit Sec. Code \_\_\_\_\_

Contact information: Phone (C) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

### Auto Debit Payment Schedule AUGUST

(These rates are **valid only for registrations received Aug 1 – Aug 31, 2017** and offer you only a 5-month payment plan)

Payment Due Dates	LTP	Advanced LTP Mini Mites	Mites	REC	Squirt B	REC (MIDGET)
Registration Fee Aug 1, 2017	\$75.00	-	\$250.00	\$250.00	\$250.00	\$250.00
Sep. 1, 2017	\$57.46	\$142.47	\$347.20	\$384.96	\$421.20	\$416.96
Oct. 1, 2017	\$57.46	\$142.47	\$347.20	\$384.96	\$421.20	\$416.96
Nov. 1, 2017	\$57.46	\$142.47	\$347.20	\$384.96	\$421.20	\$416.96
Dec. 1, 2017	\$57.46	\$142.47	\$347.20	\$384.96	\$421.20	\$416.96
Jan. 1, 2018	\$57.46	\$142.47	\$347.20	\$384.96	\$421.20	\$416.96
<b>TOTAL</b>	<b>\$362.30</b>	<b>\$712.35 (includes LTP)</b>	<b>\$1,986.00</b>	<b>\$2,174.80</b>	<b>\$2,356.00</b>	<b>\$2,334.80</b>

<sup>1</sup> The 3% credit card service fee will be waived for those paying their full tuition in one payment.

**Note: Monthly team slush payments are not included in ice fees and are paid directly to the team account. They are not payable to KVHA. Parent agrees to pay such slush fund payments that are established by their team.**

Season payments are due the 1st of each month. Payments not received by the due date will be charged an initial 5% LATE FEE and shall accrue interest at a rate of 12% until paid. Any amounts more than 15 days past due may be sent to collection and parent/guardian agrees to then pay reasonable collection fees and costs. Delinquent accounts (fees and/or slush) will be ineligible for post season play. Any player that falls behind by 30 days or more may be suspended from all team activities until their account is current. There are no refunds.

As a condition of enrollment in KVHA, I understand and unconditionally agree to the payment of the fees outlined in the Financial Agreement above. Fees are spread out over an initial registration fee and up to eight (8) equal monthly payments – resulting in LOWER MONTHLY PAYMENTS at all levels. In addition 20% of the \$250 registration fee will go directly toward the “Fund-A-Player” Scholarship program - which helps families who might otherwise not be able to afford participation.

By enrolling (*print player’s name*) \_\_\_\_\_ in the Kent Valley Hockey Program for the 2017-2018 hockey season, I acknowledge my understanding of these conditions and agree to the financial commitment as stated herein.

**No monthly billings will be sent out.** Monthly payments will be automatically withdrawn from the CC information on file on the scheduled dates listed in this agreement.



Approved – (parent/guardian initials): \_\_\_\_\_

**All accounts must be paid in full by January 1, 2018.**

Kent Valley Hockey Association is a 501-C3 nonprofit organization that operates under a strict budget and outlined set of policies and procedures. Delinquent accounts will be subject to immediate player suspension from practice and game ice time and may lead to separation of the player from the organization. This financial agreement is jointly applicable to this player and all siblings in the Kent Valley Hockey Program. In the event a player remains delinquent at the end of the playing season, information pertaining to the said delinquency will be reported to the governing league(s) and the player and siblings will be declared ineligible to compete in a USA Hockey function (per league guidelines) until their account is paid off.

**Agreement and Commitment:** With my signature below, I accept all the aforementioned terms and conditions and assume full responsibility for paying the total fees and costs listed above to the Kent Valley Hockey Association. I understand that all payments not made by the above due dates shall be subject to a late fee of 5% of the balance due, that interest shall accrue at 12% thereafter, and any amounts that are more than 30 days past due shall be subject to collection costs. All fees are non-refundable.

I have read the payment schedule, the policies regarding payments and past due accounts and I understand the financial commitment required.



Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For June, July and August Registrations, please find your payment schedule and fees on the following pages for the month you register. RATES INCREASE MONTHLY STARTING JUNE 1<sup>ST</sup> – Register early to lock in the lowest rates!**