



## PLAYER REGISTRATION & PAYMENT AGREEMENT 2008/2009 FULL SEASON

Cape Cod Waves Girls Ice Hockey, Inc., PO Box 396,  
Osterville, MA 02655 – [www.capecodwaves.org](http://www.capecodwaves.org)  
Registrar, Dave Foster, registrar@capecodwaves.org or 508-945-2236

PLAYER INFORMATION		
Player Name:	Date of Birth:	
Second Player Name:	Date of Birth:	
PARENT/GUARDIAN INFORMATION		
Parent or Guardian Name and Mailing Address:	Phone Numbers (home, cell):	
Email:		
Second Parent or Guardian Name and Mailing Address:	Phone Numbers (home, cell):	
Email:		
FINANCIAL CONTRACT - Full Season Tuition is \$750 plus USA Hockey Registration		
Tryout Fee (2008-2009 Season): due at first tryout session; <u>this fee is non-refundable and is applied to tuition</u> ; players not allowed to tryout without paying the tryout fee; any balance due from the previous season must be paid in full before participation in tryouts.	Cost per player	Amount Paid
	\$100	
2008-2009 Team Commitment Tuition: due at team commitment meeting in April, 2008; <u>this tuition payment is non-refundable</u> ; if payment is not made or a payment plan is not arranged, your child's position on the assigned team will be forfeited.	\$325	
2008-2009 Tuition Balance: due <u>September 1, 2008</u> ; <u>this tuition payment is non-refundable</u> ; if payment is not made your child will not be permitted to participate.	\$325	
\$200 Fundraising Fee due September 1, 2008 (waived if \$200 in ads sold)	\$200	
Second Player in Program Credit (not valid if one or more are goalies):	(\$100)	
Goalie Discount (50% discount on all fees):		
<b>Total paid with this registration, Cash ( ) Check Number ( ) :</b>		
<b>Second payment, Date ( ), Cash ( ) Check Number ( ) :</b>		
<b>Final Payment, Date ( ), Cash ( ) Check Number ( ) :</b>		
<b>Online registration with USA Hockey is required by September 1, 2008;</b> unless you provide a copy of a 2008-2009 USA Hockey IMR with a valid transmit number. The Registration fee is in addition to all tuition and tryout fees and is paid directly to USA Hockey. Register for the 2008-2009 season online: <a href="http://www.usahockeyregistration.com">www.usahockeyregistration.com</a> . Bring proof of registration to the first event of the season or email to registrar@capecodwaves.org.		

**ADDITIONAL TERMS AND CONDITIONS:**

1. I/WE UNDERSTAND THAT PARTICIPATING IN TRYOUTS DOES NOT GUARANTEE MY CHILD A PLACE ON A CAPE COD WAVES GIRLS ICE HOCKEY, INC. TEAM AND THAT PARTICIPATION IS SUBJECT TO THE PAYMENT OF ALL PRIOR YEARS' FEES AND GOOD STANDING WITH USA HOCKEY, MASS HOCKEY AND CAPE COD WAVES GIRLS ICE HOCKEY, INC.
2. I/WE UNDERSTAND THAT ALL FEES PAID ARE NON-REFUNDABLE.
3. I/WE UNDERSTAND THAT I AM FINANCIALLY OBLIGATED TO PAY THE ENTIRE BALANCE DUE BY THE DATE DETERMINED BY THE CAPE COD WAVES BOARD OF DIRECTORS. (INDIVIDUAL EXCEPTIONS WILL BE MADE IF A FORMAL TUITION AGREEMENT IS ENTERED INTO WITH THE BOARD OF DIRECTORS).
4. I/WE GIVE MY CONSENT TO CAPE COD WAVES GIRLS ICE HOCKEY, INC. TO OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR THE ABOVE-NAMED PLAYER, FOR ANY INJURY THAT COULD ARISE FROM PARTICIPATION IN CAPE COD WAVES GIRLS ICE HOCKEY, INC. SANCTIONED EVENTS. FOR AND IN CONSIDERATION OF MY/OUR CHILD'S REGISTRATION WITH CAPECODWAVES GIRLS ICE HOCKEY, INC. AND BEING ALLOWED TO PARTICIPATE IN CAPECODWAVES GIRLS ICE HOCKEY, INC SANCTIONED EVENTS AND TEAM ACTIVITIES, I/WE AGREE TO RELEASE THE CAPE COD WAVES GIRLS ICE HOCKEY, INC., OR ITS SUCCESSOR, AND/OR ITS OFFICERS, DIRECTORS, COACHES, VOLUNTEERS, EMPLOYEES OR AGENTS FROM ANY AND ALL LIABILITY AND/OR CLAIMS WITH RESPECT TO LOSS OR DAMAGE ARISING FROM PERSONAL INJURY TO MY/OUR CHILD OR FROM LOSS OR DAMAGE TO PERSONAL PROPERTY AND BY THIS AGREEMENT ANY SUCH CLAIMS, RIGHTS, AND/OR CAUSES OF ACTION AGAINST THE CAPE COD WAVES GIRLS ICE HOCKEY, INC, OR ITS SUCCESSOR, AND/OR ITS OFFICERS, DIRECTORS, COACHES, VOLUNTEERS, EMPLOYEES OR AGENTS ARE HEREBY WAIVED.
5. I/WE HAVE READ AND AGREE TO ABIDE BY THE USA/MASS HOCKEY PARENTS CODE OF CONDUCT AND UNDERSTAND THAT VIOLATIONS OF THE PARENTS CODE MAY RESULT IN REMOVAL OF MY CHILD FROM THE PROGRAM WITHOUT REFUND OF ANY DUES OR FEES PAID.
6. MY SIGNATURE ON THE REGISTRATION FORM CONFIRMS THAT I/WE AGREE TO THE ABOVE TERMS, CONDITIONS AND POLICIES OF REGISTRATION.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE