

# Clarence Modified Hockey Club Team Budget 2020 Season

<b>Ice related expenses:</b>		<b>Total</b>
Practice Ice		\$ 6,930.00
<b>Uniforms</b>		
Team sweatshirt / game socks		\$ 1,775.00
<b>League / Administrative / Incidental expenses:</b>		
League Registration (WNYHSCHL) **		\$ 2,000.00
- League fees cover Game Ice, Referees, Trainers		
Pre-season tournament		\$ 850.00
Coaching Certification		\$ 72.00
Office expenses & website		\$ 250.00
<b>Subtotal:</b>		<b>\$ 11,877.00</b>

*Please make checks payable to: Clarence Modified Hockey*

**\$ 475.00**

Student Name (Print Name) \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

The student above has my permission to participate in the Clarence Modified Hockey Club

I understand that students are responsible for all equipment and uniforms issued to them and that a financial settlement is required for all equipment and/or uniforms not returned. The undersign acknowledges to pay a \$25 fee per game jersey and/or practice jersey not returned at the end of the hockey season.

The undersigned acknowledges the above financial obligation to the Clarence Modified Hockey Club.

Note that the club does not provide any refunds of player assessments for any reason, be it for choice or for circumstance including injury, suspension, or quitting the club.

Participant and participant's parent(s)/guardian(s), acknowledge, understand and assume all risks relating to ice hockey and any member team activities, and understand that ice hockey and member team activities involve risks to participant's person including bodily injury. The Bantam hockey age group has always been difficult due to the huge disparity in maturity of players.

I understand that the Clarence Modified Hockey Club DOES NOT provide any type of accident and/or medical insurance for participants in the modified hockey program.

I understand that if my son/daughter is injured while participating in modified hockey, he/she may be examined and/or treated by emergency rescue personnel, the school physician, the school nurse, the athletic director, the athletic trainer, and members of the coaching staff.

In addition I have reviewed the included head injury and concussion information ("Heads-Up Fact Sheet for Parents") and provide informed consent for my child to participate in athletics.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and agree to abide by the training regulations pertaining to the Clarence Modified Hockey Club as established by the proper governing bodies.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_