

Payment Schedule

The following payment schedule is a minimum requirement
Tuition may be paid in full at any time.

However, final payment must be made no later than August 15, 2010.

**PLAYERS IN ARREARS AFTER SPECIFIED DATES
WILL BE REMOVED FROM ROSTERS.**

Payment Amount	Due Date
Registration Fee: \$150.00	Must accompany this form
Payment 2: \$300.00	Due July 1, 2010
Final Payment: \$345.00	Due August 15, 2010

TOTAL: \$795.00

A \$25.00 fee will be charged for each returned check.

***Please make checks payable to:
BHS-SNH***

Withdrawal Policy

Date of Withdrawal	Forfeited Amount
Before 9/01/10	\$150.00
9/01/09 through 9/30/10	\$250.00
10/01/09 through 11/30/10	\$400.00

**12/01/10 and after ENTIRE REGISTRATION and
TUITION WILL BE FORFEITED**

Payments Received

<u>Date</u>	<u>Amount</u>	<u>Check #</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Agreement, Waiver and Release of Liability

In consideration of being allowed to participate in the BEGINNING HOCKEY SCHOOL of SOUTHERN NEW HAMPSHIRE program the undersigned acknowledges, and agrees that;

- The risk of injury from the activities involved is significant, including the potential for permanent paralysis and death, even when rules are followed and proper equipment is worn. **I KNOWINGLY AND FREELY ACCEPT ALL SUCH RISKS** both known and unknown;
- I willingly agree to comply with the stated and customary terms and conditions set forth by the Beginning Hockey School of Southern New Hampshire (including all financial terms set forth in this form) and USA Hockey;
- I, for myself and on behalf of my heirs and assigns **HEREBY RELEASE AND HOLD HARMLESS** the Beginning Hockey School of Southern New Hampshire, its officers, coaches, instructors, officials, sponsors and owners/lessors of premises used to conduct the program with respect to any and all injury, disability, death or loss or damage to persons or property;
- In the case of medical emergency I give permission to Beginning Hockey School of Southern New Hampshire and its representatives and/or coaches to seek medical attention for my child if parent or legal guardian is absent.

I HAVE READ AND FULLY UNDERSTAND ALL THE TERMS OF THIS AGREEMENT AND SIGN IT FREELY AND VOLUNTARILY.



Signature of Parent or Guardian

Date