

CT Wolfpack  
Tier 1  
Letter of Commitment/Financial Agreement  
2010-2011 Season

I, \_\_\_\_\_, accept a position on the \_\_\_\_\_ with the CT Wolfpack  
(Player's Name) (Team Level)  
for the 2010-2011 season.

We \_\_\_\_\_, the parents/legal guardians of the player, by signing the Letter of  
(Parent or Legal Guardian)

Commitment/Financial Agreement and paying the non-refundable \$800.00 Commitment Fee (Pg 3), agree to the following terms and conditions of the commitment.

1. The following sets forth the financial and related terms and conditions of your agreement to have your child play as a member of a youth hockey team managed and sponsored by the CT Wolf Pack. The CT Wolfpack is a Connecticut non stock Corporation which is exempt from taxation under Section 501(c) (3) of the Internal Revenue Code.
2. We agree to pay the full season financial obligation for the program according to the CT Wolfpack 2010-2011 Payment Policy and Fee Schedule (Pg 3) upon signing this Letter of Commitment/Financial Agreement. **By signing this Agreement you also acknowledge and agree (i) that in the event you are in default of any of the payments set forth on the fee schedule (Pg 3), that the CT Wolfpack shall have the right to hold uniforms and all equipment covered in the tuition amount and prohibit your child from practicing or participating in training camp, regular season games, and any tournaments or showcases with the team until the default has been brought current,** and (ii) that the amounts set forth herein do not include travel expenses which you are responsible for separately.
3. By accepting and signing this Agreement you are (i) acknowledging and agreeing that you are legally responsible for the timely payment in full of the charges set forth in the fee schedule, regardless of a decision by you at a later date to have your child quit or withdraw from the team for any reason whatsoever; (ii) that if, in the event you fail to pay timely the amounts due hereunder for any reason, the CT Wolfpack may turn this Agreement and your obligation over to an attorney for collection, and that in such event you will also be responsible for the costs and expenses of collection, including reasonable attorney's fees; and (iii) that interest will begin to accrue on the balance of your obligation commencing on the date that matter is turned over for collection at the rate of five percent (5%) per annum.
4. We agree to abide by all Rules and Regulations, Policies and Procedures set by the CT Wolfpack, AYHL, CHC and USA Hockey. Failure to do so could result in suspension or expulsion from participating in any and all CT Wolfpack practices, games or events.
5. We acknowledge and agree that the CT Wolfpack reserve the right to use any pictures taken of you or your child during any CT Wolfpack activity for promotional or instructional purposes, without compensation to either the player or to you
6. If you have any questions or financial issues, you must contact Jacki Aresco – CT Wolfpack Treasurer at the address or email address shown below. She is the **only** person within the CT Wolfpack organization authorized by the board to manage individual financial issues with parents.

CT Wolfpack  
Attn: Jacki Aresco  
6 Progress Dr.  
Cromwell, CT 06416

mjaresco@sbcglobal.net

**Tuition Payment Options offered by the CT Wolfpack**

**Please check one of the following options to make your monthly tuition payments according to the fee schedule on page 3 of this document that will start on June 1<sup>st</sup>.**

\_\_\_\_\_ Monthly check payable to CT Wolfpack on the 1<sup>st</sup> of each month according to the fee schedule. Any payment not received by the 5th of each month will put you in default and may result in suspension. Any fees incurred by the CT Wolfpack such as bank fees related to insufficient funds or returned checks will be transferred to the player's account. You can mail your monthly payment to CT Wolfpack, 6 Progress Drive, Cromwell, CT 06416 Attn: Jacki Aresco or drop your monthly payment off at the front desk at the rink in Cromwell. Be sure to place your payment in a sealed envelope with CT Wolfpack Attn: Jacki Aresco marked on the front.

**OR**

\_\_\_\_\_ Credit card payments will be accepted by MasterCard or Visa only. A 3% processing fee will be added to each payment if paying by credit card. Your credit card will be charged on the 1<sup>st</sup> of each month according to the fee schedule. Any fees incurred by the CT Wolfpack related to inactive or expired cards will be transferred to the player's account. Please provide the following information:

MasterCard \_\_\_\_\_ or Visa \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date on card \_\_\_\_\_

Print name as it appears on credit card \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**USA Hockey Registration 2010 – 2011 Confirmation #** \_\_\_\_\_

**We, the parents/legal guardians understand and agree to this Letter of Commitment/ Financial Agreement by signing below.**

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent or Legal Guardian (Please Print)

\_\_\_\_\_  
Parent of Legal Guardian (Signature)