



Vision Hockey Group 2023-24 18+ Female VHL Contract

Player Name: _____

Player's Date of Birth: _____

Player's Hockey Position: _____

Player's Last Level Played (ex - U13A): _____

Friend Request (if applicable): _____

Cell (iPhone) Number for Skate Group Chat: _____

Parent Name(s): _____

Parent E-Mail: _____

Credit Card Number: _____

Credit Card Expiration: _____



Credit Card CVV (on back of card): _____

*** Players have the option of paying via credit card, EMT to kavy@vhghockey.ca or cash to Jeremy Kavanagh ***

Refund Policy

In-house credit unless there are extenuating circumstances; please contact kavy@vhghockey.ca ; VHG is very customer-friendly in these cases. Please visit <https://vhghockey.ca/about/#our-policies> for more details on our policies.

I, _____ (Player);

- I give consent for Vision Hockey Group to take my photos and/or videos on the ice and around the appropriate arena facilities.
- I give consent for Vision Hockey Group to share photos and videos of me on all social media platforms that VHG uses.
- I understand that this contract is valid between September 1st, 2023 and May 15th, 2024.

(Signature of Player)

(Date)