TEAM DORITOS
Letter of Commitment

We, the undersigned player and parents/legal guardians of said player, by executing this Letter of Commitment, agree to the following terms and conditions of this commitment:

1. We agree to accept a position on the registered Team Doritos travel team.
2. We agree to remain with the program for the duration of the season.
3. We agree to pay the full season financial obligation as set forth by Team Doritos.
4. We agree not to participate in any other member or non-member program during the season.
5. We understand and accept that if the below named player refuses to participate with Team Doritos that he/she is ineligible to participate with any other Connecticut Hockey Conference member program and must sit out the remainder of the current season unless the player has accepted a position on a Tier 1 team.
6. We understand and accept that a player who sits out due to a refusal to participate remains obligated to satisfy any outstanding financial obligations due to Team Doritos.
7. We understand and accept that a player who sits out all or a portion of a season is not entitled to any partial or full refund of program fees or expenses.
8. We understand and accept that the player must obtain a proper Connecticut Hockey Conference release from the above named program prior to registering with any new program in any ensuing season.

We, the undersigned player and parents/legal guardians, understand and accept that this Letter of Commitment may only be terminated by mutual consent between Team Doritos and the player. Upon such mutual consent, and payment of any outstanding financial obligations, the program will issue a proper Connecticut Hockey Conference Release and the player may transfer to another program. Such mutually agreed on transfers must occur prior to July 1.

_____
Player's Name (please print)

_____   _____
Player's Signature   Date Signed

_____   _____
Parent or Guardian (please print)   Parent or Guardian (please print)

_____   _____
Parent or Guardian Signature   Parent or Guardian Signature

_____   _____
Date signed   Date signed