



Vail Mountaineer Hockey Club

Parental Involvement Security Deposit Form

Please complete this form once you have registered your player with the VMHC.

Player Name: _____ Player Level: _____

Parent(s) Name(s): _____

Please complete this form in its entirety, and return to your Team Manager with copies of the following, prior to participation in any Club activity:

- 1st year players are required to provide a copy of player(s) Birth Certificate(s)
- Signed "Player Code of Conduct" form
- Signed "Parent Code of Conduct" form
- Signed "Photographic and Recorded Image Policy" form
- All of these forms can be located on the Club's website: www.vailmountaineers.com

Please make the appropriate selection:

_____ **Attached is a check dated March 31, 2020, payable to Vail Mountaineer Hockey Club, for the amount of \$400, and hereby authorizes the Club to process this check for failure to abide by the Parental Involvement policy.**

_____ **I have completed the credit card authorization information below, and hereby authorize the Vail Mountaineer Hockey Club to process a \$400 charge, for failure to abide by the Parental Involvement policy.**

I understand and agree this check or credit card authorization form will be shredded upon completion of the VMHC volunteer obligation review process.

Signature: _____ Date: _____

Please indicate the areas you are interested in volunteering:

Coaching Team Manager Fundraising Website Uniforms Communication

Sportsmanship Tournament Pucks, Pars & Poker SafeSport



Vail Mountaineer Hockey Club
Parental Involvement
Credit Card Authorization Form
{All information will remain confidential.}

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: ____/____

Card Identification Number (3-digits on the back of the card): _____

Amount to charge: \$400.00 (USD)

I authorize Vail Mountaineer Hockey Club (VMHC) to charge the agreed amount listed above to my credit card in accordance with the Parental Involvement & Uniform Security Deposit policy. I understand that if this charge is processed, it will not be processed until after March 31, 2020. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder: Print name, sign, and date below:

Signature: _____

Date: _____

Print Name: _____