



**OLDS MINOR HOCKEY ASSOCIATION  
PLAYER REFUND REQUEST POLICY**

*Approved by the Board - July 12th, 2022*

This policy is intended to support and supplement Article I of the Bylaws.

**ELIGIBILITY**

Olds Minor Hockey Association (OMHA) recognizes that there may be circumstances when players are unable to participate in or complete a hockey season resulting in their Family Unit being entitled to a refund.

**EXPECTATIONS & RIGHTS**

A reasonable portion of all registration fees will be deemed non-refundable and will be clearly indicated as such at the time of registration. Refund amounts will be based on the time in which the player ceased participation.

All requests must be received in writing using the Player Refund Request Form found on Page 2.  
Please complete form & email to [omharegistrar@gmail.com](mailto:omharegistrar@gmail.com)

Completed concession hours and paid concession opt-out fees are non refundable.

Refunds will not be given in situations where disciplinary action has been implemented.

Refunds will be prorated based on FULL registration amount as per the following schedule;

Prior to August 15 - 100% refund less \$100 non-refundable deposit.

Prior to September 15 - 90% refund less \$100 non-refundable deposit.

Prior to November 30 - 75% refund less \$100 non-refundable deposit.

Prior to December 31 - 50% refund less \$100 non-refundable deposit.

**EXPIRATION**

Refund Requests received after December 31, will only be considered for medical reasons and only if supported by a Doctor's note.

**OTHER CONSIDERATIONS**

For circumstances not covered by this Policy, the Board will make decisions on a case by case basis.



**OLDS MINOR HOCKEY ASSOCIATION**

**PLAYER REFUND REQUEST FORM**

*Approved by the Board - July 12th, 2022*

Please, complete this form in its entirety and ensure that the information provided matches the most recent Registration documentation. A fillable version of this document can be found on our website.

Family Unit Last Name \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Player Name(s) \_\_\_\_\_

\_\_\_\_\_

**TYPE OF REFUND REQUEST**

- ☐ Complete withdrawal from OMHA. (all children are being remove from program)
- ☐ Removing a single child from OMHA. (other child/children will remain playing)
- ☐ Refund for Conditioning Camp and/or Tryout Session
- ☐ Other (please provide details below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature<sup>1</sup>

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Refund Amount Given: \_\_\_\_\_ Date: \_\_\_\_\_ Issued Via: CHQ or ET

Issued by: \_\_\_\_\_

<sup>1</sup> Signature must match that of the Parent/Guardian who Registered the child/children