



GTHA TEAM AGREEMENT

Team Name_____

Team Division_____

Coaches Name- _____

Players Name_____

I agree to pay in full the amount decided upon by team officials. The payments must be made by the time set by the GTHA Board and team officials for my player to continue playing.

I understand that certain situations such as injury or grades may prevent my child from playing, but I am still responsible for ALL payments set by the team at the start of the season.

Parent Name_____

Parent Signature_____ **Date:**_____