



# Meramec Hockey Club Equipment Authorization Agreement

PROGRAM (circle one):    Fall HIP    Spring HIP    Summer HIP    4 on 4    YEAR:

PLAYER'S NAME: \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RENTAL AMOUNT: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_

I agree to return the equipment listed below on the scheduled equipment return date. I understand that I will be charged for equipment lost or damaged beyond normal wear and tear. I understand that refunds on any rental equipment that is returned after the equipment return date shall be at the discretion of the MHC Equipment Director and / or the MHC Treasurer.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Equipment Rental:

Record the brand, size and color	Check when returned
Helmet: _____	returned: _____
Gloves: _____	returned: _____
Elbow Pads: _____	returned: _____
Shoulder Pads: _____	returned: _____
Shin Pads: _____	returned: _____
Pants: _____	returned: _____

### MHC Use Only:

Initials of MHC Representative collecting the rental deposit: \_\_\_\_\_ Date eq. was rented: \_\_\_\_\_

### Equipment Return:

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### MHC Use Only:

Initials of MHC Representative approving rental eq. return: \_\_\_\_\_ Date eq. was returned: \_\_\_\_\_

Comments: \_\_\_\_\_

Initials of MHC Representative returning the rental deposit: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_