



Carolina Junior Hurricanes Hockey Association Crisis (Hardship) Fund Application

Carolina Junior Hurricanes Hockey Association offers crisis aid to members who have experienced mid-season financial hardship and need assistance in covering current year hockey fees.

The following are not covered by Crisis funding and must be paid by each player:

- Tryout Fees
- Reimbursement of travel expenses
- Team tournament fees
- Jersey/team wear/team equipment

There are no exceptions to these requirements.

For consideration, all documentation should be completed and either e-mailed to vpfinance@juniorhurricanes.org or mailed to:

Carolina Jr. Hurricanes Hockey Association
c/o VP Finance
P.O. Box 61400
Raleigh, North Carolina 27661-1400

(Please mark on the outside of the mailing envelope "Confidential".)

For any questions regarding the crisis aid process, please contact Lori Parro via e-mail at vpfinance@juniorhurricanes.org.

ALL MEMBER INFORMATION IS TREATED WITH STRICT CONFIDENTIALITY

Player Name _____ Team _____

Mother's/Guardian's Name _____

Occupation _____ Employer _____

Father's/Guardian's Name _____

Occupation _____ Employer _____

Primary Address _____

City/State/Zip _____

Primary Email Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

I understand the information contained on this form is considered privileged and will be held in confidence. I further authorize the CJHHA Finance Committee to make whatever inquiries deemed necessary to verify the information provided. Crisis funds are not talent-based awards, and do not involve our coaching staff.

I also understand that, upon acceptance of Crisis assistance, I will be required to perform a minimum volunteer service of 10 hours.

I understand that applying for crisis funding does not automatically grant me crisis funding. I certify that the above information is correct and true to the best of my knowledge. I waive and hold CJHHA harmless from any and all alleged liability in connection with my request for assistance. This waiver extends to any and all action taken or not taken with respect to this application (and whether or not assistance is granted). In this regard, I acknowledge that whether or not I am determined to be eligible for assistance, and whether or not assistance is given, are matters solely within the absolute discretion of CJHHA.

Signature: _____ Date: _____

If applicant is unable to sign, a representative can complete the following:

Representative: _____

Relationship to applicant: _____

Signature of Representative: _____

Date: _____