

**WARRIORS HOCKEY CLUB  
HARDSHIP POLICY  
SEPTEMBER 2, 2025**

*Article I: Purpose*

The Warriors Hockey Club (the “Club”) recognizes that there are circumstances where at times our players and their families may be unable to meet the financial commitments to play for our Club. We value all of our players and the contributions they make to the Club, so we will always endeavor to support them if the need arises.

This policy outlines the framework for handling cases of financial hardship related to our Club players. Hardship cases are always considered on a case by case basis, and only where the Club has sufficient funds available.

The primary consideration must always be the young person: if they are an active and well respected player then the Club should always endeavor to offer support to the player/family who are experiencing difficulty in meeting the costs of playing for the Club.

*Article II: Procedures*

The Board will accept all hardship applications from players/families by August 1st of each year and then all hardships will be considered by the Board at a single time. Hardship cases should prioritize players that are rostered to a single hockey team. The Board may ask for additional information from the player/family to support the application. Applications can be submitted via the attached form and/or the information can be provided electronically to the Board. Hardship applications will still be considered after August 1st but would be subject to available funds.

The Club expects the player/family to be accurate with the information they provide to the Club in respect to the application for financial support. Should the Board have concerns about the authenticity of the information provided, the application may be denied.

The approval will be given by the Board with the President communicating to the player/family.

*Article III: Confidentiality*

All information provided to the Board will be treated in the strictest confidence and will only be shared/discussed with members of the Board.

**WARRIORS HOCKEY CLUB  
HARDSHIP APPLICATION FORM**

Player Name: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Email address(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Circumstances relating to the current hardship. All information will be treated in strict confidence and will only be shared/discussed with members of the Board:

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Details of the financial contribution the player/family can commit to provide:

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Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_