

OYSTER RIVER YOUTH ASSOCIATION
REFUND OF PAYMENT POLICY

I. A monetary refund will be given to any registered participant as long as the following criteria are met:

1. The participant is fully registered in the activity and all paperwork has been completed.
2. The parent/guardian sends in the refund request form to the ORYA office within 2 weeks of the program's start date. The form must be received in the office by this date. No refunds will be given after this time frame.
3. The refund request form is fully completed, including the reason for the request. There may be some upfront costs that were paid per child, such as uniform fees, insurance fees, league or tournament fees. This will determine what the refund amount will be. No refunds will be given for uniform fees.

II. A partial refund will be given to any registered participant that suffers a season ending injury or medical illness as long as the following criteria are met:

1. The injury/illness occurred on or before the mid-point of the season.
2. The parent/guardian provides the ORYA office with a copy of the hospital/doctor's note, along with a completed accident report.
3. The refund request form is completed and returned to ORYA within 2 weeks of when the injury/illness occurred.

ORYA will not give a refund to any participant who does not meet the criteria listed above. No credits will be given to carry over from season to season. No cash refunds will be given. All refunds are furnished within 30 days of the received request. This policy does not pertain to funds submitted for 'Non-Refundable' program fees or deposits. No refunds of 'Non-Refundable' payments will be made.

Oyster River Youth Association REFUND REQUEST FORM

Name of Child: _____ Grade: _____ Date of Request: _____

Activity Season: Fall Winter Spring Summer (Circle one)

Activity requesting refund for: _____ Program Start Date: _____

Program Fee Paid: \$ _____ Uniform Fee Paid: \$ _____

Payment Method: Check _____ Credit Card _____ Cash _____

Reason for refund request: _____

To whom would you like the refund made payable? _____

Mailing Address: _____

** Please note: If this pertains to a serious injury, please attach doctor/hospital note.

** Refunds are mailed out within 30 days of received request.

** Please return this form to: ORYA , 2 Dover Road, Durham, NH 03824

FOR OFFICE USE ONLY

Date request received: _____

Refund approved by _____ Date: _____ Amt: \$ _____