



RHA PARTICIPATION AGREEMENT

I _____ have received a copy of the Rushmore Thunder Hockey Association participation agreement and agree to abide by the system within. I agree to complete to hours as required below with a maximum of 60 hours per family. I understand that it is my responsibility to claim and track my hours on the RHA website using the DIBS system. Hours completed outside of the DIBS system must be approved by a board member and reported to the team coordinator. I understand if I do not complete my required minimum hours in full, my check will be cashed with no refunds at the end of the season. I further understand that I will not receive any monetary value for any hours over the required hours completed. I understand my check will be shredded at the end of the season if my hours are completed. If I want my check returned, I need to notify my team coordinator.

The assigned value per volunteer hour is: \$15 per hour

Hours required by family level: Mites/House—1 skater = 25 hrs 2 skaters or more non travel = 30 hrs

Squirts and Older Travel League--1 skater = 45 hrs 2 skaters or more = 60 hrs

****1 travel league and 1 Mites/House defaults to travel league hours****

Player name: First and Last Name	Level of Player

*****Please indicate which child hours will be reported using a check mark (usually oldest player)****

*****Postdate checks for April 1st*****

Total Hours required for family: _____

Please indicate if you perform any duties for RHA for which an hours total has been established (see volunteer policy). If the job is not indicated, credit will not be given.

I understand if I do not meet the minimum hour requirement, my deposit check will be cashed in full.

Parent Signature: _____ Date: _____

RHA USE ONLY

Deposit check#: _____ # of hours completed: _____

Parents last name on check: _____ Exempt from hours: _____