



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 earn the hours as required below with a maximum of 60 hours per family. I understand it is my responsibility to claim and track my hours on the RHA website using the DIBS tracking system. I understand if I do not complete my hours in full my check will be cashed at the end of the season. I further understand that I will not receive any monetary value for any hours over the required hours served.

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 level coordinator.

Volunteer hour price: \$20 per hour

Hours required per family per level:

Mites/House: 1 skater = 25 hrs, 2 skaters both non travel = 30 hrs

Squirts and Older Travel League: 1 skater = 45 hrs 2 or more children = 60 hrs

At least one player in Squirts or Older Travel League. Excludes House Players

Player Names ***First and Last***	Level player is registered

Please place a checkmark next to the child your hours will be reported under

Total Hours required for my family: _____

Please indicate if you perform any duties for RHA for which an hours total has been established (see volunteer policy). Hours not claimed in Dibs need to be approved by a RHA Board member and given to the team coordinator. If you do not indicate the job, 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 _____

Postdate Checks for April 1st

RHA Use Only:

Last name on check: _____

Deposit Check Received and Postdated for April 1st. Check # _____

Deposit Check Cashed _____ Hrs. Completed _____