



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 hourly value: \$20 per hour

Hours required per family per level:

- Mites/House:
 - 1 skater non travel = 25 hours
 - 2 skaters both non travel = 30 hours total

- Squirts and Older Travel League:
 - 1 skater = 45 hours
 - 2 or more children = 60 hours total

****Families with players in travel AND house or mites will default to travel hour requirements.****

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

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

Total Hours required for my family: _____

Any RHA volunteer hours NOT claimed on the Dibs website must be EMAILED to RHADibs@rushmorethunder.org. Please include date worked, volunteer time worked, volunteer job/duty and player Dib hours will be credited. Credit will **not** be given if we do not receive the appropriate information. Initial to indicate you state understanding _____

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 on _____ Hrs. Completed _____