



REGIONAL ICE HOCKEY ASSOCIATION

87 South Street, Freehold, NJ 07728 • www.RIHANJ.org

PLAYER AGREEMENT FOR 2020-21 SEASON

Only use this form if unable to fill out form online

Player Name: _____

Address: _____ City: _____ Zip: _____

2020-21 High School: _____ 2020-21 Grade: _____

Parent/Guardian Name(s): _____

Parent Email: _____ Player Email: _____

Home Phone #: _____ Cell Phone #: _____

TERMS & CONDITIONS: This is an agreement between the registered Player and the Player's Parents or Guardians (hereinafter referred to as "Parent") and the Regional Ice Hockey Association (hereinafter referred to as RIHA). This agreement constitutes a binding Agreement between the Registered Player, Parent and RIHA. The Player and/or Parent agree to pay RIHA the Personal Player fee of \$1,200.00 in full prior to Sept. 15, 2020. A Player on the Payment Plan consisting of 4 payments of \$300 each on July 1, Aug 1, Sept 1 and Oct 1 will be considered compliant if paid in full by Oct 1. All payments not made according to the scheduled due dates will incur an additional late fee of \$300.00. In the event the Player participates in tryouts for his/her respective High School and does not make the team, the Player Fee will be refunded in full minus a \$100 tryout fee. Note there is a 10% discount of the total fee for a Parent's second Player and an additional 5% discount for each subsequent Player. Please note that once a player has made a team and the team plays a game, there will be no refunds. It is important to understand that RIHA is only a fundraising organization and playing time is a coaching decision.

PAYMENT PLAN: The Payment Plan consists of four (4) monthly payments of \$300 each prior to the 1st of the month beginning on July 1, 2020 and ending October 1, 2020.

PAYMENT OPTIONS: RIHA accepts cash, checks payable to RIHA and credit card payments through our website RIHANJ.org. Please do not send cash in the mail.

- I choose the payment plan and will mail a check to RIHA for \$300ea July, Aug, Sept, Oct 1st.
- I choose to Pay In Full and will mail a check to RIHA for \$1200 no later than Sept 15, 2020

I have read these terms and conditions and agree to them entirely and understand that my Player cannot participate until full payment of the Player Fee is received by RIHA.

Parent Signature: _____ Date: _____