



REGIONAL ICE HOCKEY ASSOCIATION

87 South Street, Freehold, NJ 07728

RIHANJ.org

PLAYER AGREEMENT FOR 2019-20 SEASON

Player Name _____

Address _____ City _____ Zip _____

2019-20 High School _____ 2019-20 Grade _____

Parent/Guardian Name(s) _____

E-mail Address _____

Home Phone # _____ Cell Phone # _____

TERMS AND CONDITIONS

This is an Agreement between the Player named above, 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 above named player, Parent and RIHA. The Player and/or Parent agree to pay RIHA the Personal Player fee of \$1,800 prior to November 1, 2019 and sell at least \$100 of tickets to RIHA’s Super 50/50 raffle. This fee is reduced to \$1,500 (+\$100 raffle tickets) if full payment is made prior to September 10, 2019 (October 10, 2019, for freshmen and transfer students). The fee is also reduced to \$1,500 (+\$100 raffle tickets) by accepting the payment plan prior to June 1, 2019, and adhering to the payment plan schedule. 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 \$75 tryout fee and \$25 RIHA family membership 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 five (5) monthly payments of \$300 each that are made prior to the 1st of the month beginning June 1, 2019 and ending October 1, 2019.

PAYMENT OPTION

RIHA accepts cash, checks payable to RIHA and PayPal through our website at RIHANJ.org. Please do not send cash in the mail.

- I choose the Payment Plan and have attached a check (check # _____) for \$ _____.
- I choose the Payment Plan and will pay with PayPal.
- I choose to pay in full and have attached a check (# _____) in the amount of \$ _____.
- I have paid in full (\$ _____) via PayPal.

I have read this Player Agreement and agree to it in its entirety and understand that my Player cannot participate until full payment of the Player Fee is received by RIHA.

Parent’s Signature _____ Date _____