

SFYHA Volunteer Agreement- 2025-2026 Season League_____

SFYHA Volunteer Agreement with applicable Deposit Check is due no later than October 1st. Player will not be allowed on the ice if SFYHA Volunteer Agreement has not been submitted.

The Sioux Falls Youth Hockey Volunteer Agreement is required by all SFYHA families. Each family must complete the Sioux Falls Youth Hockey Association Volunteer Agreement and agree to abide by the system within. The family agrees to earn volunteer hours as required below by March 31, 2026. This Volunteer Agreement and SFYHA Volunteer Program policy and guidelines are posted on the SFYHA website - siouxfallsflyers.com.

- **Travel Families with one hockey player are required to log a minimum of sixteen (16) SFYHA Volunteer Hours by March 31, 2026. This identifies families who only have one player and that player is a Travel League participant.**
- **Travel Families with more than one hockey player are required to log a minimum of twenty (20) SFYHA Volunteer Hours by March 31, 2026. At least one player is travel and the remaining either Travel or City League participants.**
- **Volunteer Deposit fee for Travel family is \$700.**
- **City League Families with one City League player are required to log a minimum of twelve (12) SFYHA Volunteer Hours by March 31, 2026. This identifies families who only have one player and that player is a City League participant.**
- **City League Families with more than one hockey player are required to log a minimum of fifteen (15) SFYHA Volunteer Hours by March 31, 2025. All participants within this family are City League players.**
- **Volunteer Deposit fee for City League family is \$350.**
- **Any family with a travel player(s) will fall to the travel league volunteer hour requirements.**

Number of Travel Hockey Players in our Family_____ (If the family has both City and Travel players, they fall to the Travel Player requirements.)

Check One: _____ Single Travel Player – 16 hours _____ 2 or more Travel Players – 20 hours

Deposit Fee Required - \$700 per family

OR

Number of City League Hockey Players in our Family_____

Check One: _____ Single City League Player – 12 hours _____ 2 or more City League Players – 15 hours

Deposit Fee Required - \$350 per family

I understand that if I do not meet the **full requirement** as required by our family, I will forfeit my deposit check to be cashed on April 7, 2026 or shortly thereafter. Attached is my deposit check dated April 1, 2026.

DEPOSIT CHECK AMOUNT _____ DEPOSIT CHECK # _____

Parent / Guardian Signature_____

Print Player Name(s)_____ **(Oldest player listed first)**

Date:_____

Members will need to claim volunteer hours via DIBS system on the Sioux Falls Youth Hockey Association website siouxfallsflyers.com. After completion of task, members will need to VERIFY DIBS task to request approval & authorization by admin. Questions regarding DIBS can be forwarded to Wendy Quam, SFYHA Volunteer Coordinator at Volunteer.DIBS@sfflyers.com or the SFYHA Director of Operations at Cherry.Hunter@sfflyers.com

If your family fulfills the full requirement of volunteer hours, please **check one:**

_____ Please shred our deposit check _____ Please return our check to our home mailing address

Other:

_____ Our family submitted volunteer deposit check with our oldest player. Player Name:_____

_____ Our family is exempt and fulfills Volunteer Hours as Board Member, Ad Council Member, Support Personnel. A Deposit check is not required.

_____ Confirmed SFYHA Coaching Staff: **Must** be initialed by Dan Houck or Cherry Hunter.