

Registration form for – Plymouth Over 55 Hockey League

Fall/Winter Season: September 7, 2019 – March 28, 2020

Plymouth Over 55 - Draft League. 30 games. 4 teams. Saturday mornings at the VIC. Times: 9 AM, 10 AM. COST: \$600 per player, single payment plan (due by September 1st) OR \$630 two-payment plan (first half due by September 1st, second half due by December 1st). \$50 deposit deducted from total cost.

INSURANCE: \$15 for full time players and goalies. \$10 for substitute players. Insurance fee not required if you played in our 2019 spring league (insurance covers twelve months).

REGISTER NOW! \$50 DEPOSIT RESERVES YOUR SPOT!

Goalies: N/C except for the insurance fee. Returning players have guaranteed spots until June 30th.

Make checks payable to: Plymouth Over 55 Hockey, LLC

Mail to: John Nork

WEB SITE: www.over55hockey.com

16965 Brooklane Blvd.

E-mail: over55hockey@gmail.com

Northville, MI 48168

Phone - work: 248-344-4547, cell: 248-760-6033

Plymouth Over 55 Fall/Winter Hockey League – 2019/20

Please Print

Name: _____ Age: _____ Date of Birth: ____/____/____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail Address: _____

Play Position: _____ F= Forward, D= Defense, B= Both, G= Goalie **Sub Only:** _____

Subs must register and sign up for the hockey insurance before playing. \$10 insurance fee. Sub Fee \$10 per game.

I have or can get a team sponsor: (cover cost of jerseys and socks) _____ I would like to be a Team Captain: _____

*** PLEASE READ AND SIGN THE PLAYER CONTRACT WAIVER AND RELEASE OF LIABILITY ON THE NEXT PAGE ***

Player Contract, Waiver and Release of Liability **Read Before Signing**

In consideration of being allowed to participate in any way in the Over 55 Hockey League, the undersigned acknowledges, appreciates and agrees that:

1. The fee for the regular season shall be paid in regular intervals as determined by "The League". **I agree to pay the entire amount** as and when due regardless as to the number of games in which I participate. If I am unable to play the entire season due to a change in residence or disability, "The League", in its sole discretion, may waive any portion of the regular fee. I further agree to pay any and all reasonable costs and expenses of collection, including attorney fees, if necessary. In the event of an entire team entry, the team captain, organizer or similar position of the team shall be individually responsible for the collection of the individual player fees and timely remit the same to "The League".
2. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
3. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the Plymouth Over 55 Adult Hockey League, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

I HAVE READ THIS PLAYER CONTRACT, RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed _____
Participant's Signature

X _____
Print Name