

Registration form for – Plymouth Over 55 Hockey League

Fall/Winter Season: September 12, 2020 – April 3, 2021

Plymouth Over 55 - Draft League. Thirty games. Four teams. Saturday mornings at the Victory Ice Center. Times: 9 AM, 10 AM.

REGISTER NOW! \$50 DEPOSIT RESERVES YOUR SPOT!

Goalies: N/C except for the insurance fee. Returning players have guaranteed spots until August 25th.

COST: \$600 per player. \$50 deposit deducted from total cost.

AGE LIMITS: All skaters must be 55 years or older as of December 31st of the current year. Goalies should be 45 years or older as of December 31st of the current year (as approved by the board, there is some flexibility in terms of minimum goalie age).

INSURANCE: \$15 for full time players and goalies. \$10 for substitute players.

Make checks payable to: Plymouth Over 55 Hockey, LLC

Mail to: John Nork
16965 Brooklane Blvd.
Northville, MI 48168

WEB SITE: www.over55hockey.com
E-mail: over55hockey@gmail.com
Phone - work: 248-344-4547, cell: 248-760-6033

Plymouth Over 55 Fall/Winter Hockey League – 2020/21

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.**

*** 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**.
6. I agree to comply with the stated and customary terms and conditions for participation, including State &/or rink COVID-19 safety guidelines or rules such as physical distancing of 6' and wearing masks when required. Further, If 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.

I HAVE READ THIS PLAYER CONTRACT, RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, & UNDERSTAND THAT I MAY HAVE GIVEN UP SUBSTANTIAL RIGHTS. NOTE: ALL PLAYERS MUST WEAR FULL PROTECTIVE EQUIPMENT, INCLUDING FACIAL PROTECTION. TO PROTECT OTHERS, PLAYERS MUST STAY HOME IF SICK OR HAVE ANY CORONAVIRUS SYMPTOMS.

X _____ Date Signed _____
Participant's Signature

X _____
Print Name

NOTES: The league will do its best to adhere to the posted game schedule. However, we do not have full control over this process (state government executive orders, conflicting activities at the rink, etc.). We will notify players in advance of any game date/time changes via our web site. We will also notify the team captains in advance. As we have done in the past (like the ill-fated spring league), any player payments that have been made for cancelled activities will be immediately refunded to the players involved.

Please also be aware that the Victory Ice Center (and all other ice rinks) will be strictly imposing COVID safety protocols to protect everyone's health. Showers and bathrooms in the locker rooms will be shut off (lobby bathrooms will be open if needed). All participants must wear masks when entering and leaving the rink. Player temperatures will be taken by rink personnel at entry. Any player exhibiting a high temperature or other symptoms of illness will be asked to leave the rink. Please be considerate of your fellow skaters. Separate doors will be used for entrance and exit. Thanks very much for your cooperation with these important health safety measures.