

Registration form for – Plymouth Over 55 Hockey League

Fall/Winter Season: September 11, 2021 – April 16, 2022

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 27th.

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

(Note: 50% is due by September 11th balance due by October 16th, 2021 - \$50.00 discount for players paying 100% in full by September 11th)

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

Make checks payable to: Plymouth Over 55 Hockey, LLC
Or
VENMO to @Jack-Jenereaux

Mail paper copy to:

OR

E-Mail Scanned version to:

Over 55 Hockey
P.O. Box 441
Walled Lake MI, 48390

jenerej@gmail.com and jakes61@comcast.net

Questions call: 734-751-0242 or 248-866-2506

Plymouth Over 55 Fall/Winter Hockey League – 2021/22

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.**

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

NOTE: It is the league's intention to follow the game schedule as specified in the registration form (Saturday September 11th through Saturday April 16th). However, the Plymouth Over 55 Hockey League board of directors will strictly adhere to the state government executive orders regarding COVID safety.