

Registration form – Plymouth Puckmasters Over Sixty Hockey

Plymouth Puckmasters - Over 60 Draft League

Wednesday mornings at Plymouth Cultural Center

August __, 2018 to March __, 2019. __ Games. Times: 9:00, 10:00, 11:00AM

Ice fee: \$ ___ per player. Or...save \$__ and pay all at once...\$___ per player.

All players must sign up for hockey liability insurance. Coverage is for one year. Due by 1st game.

Cost: \$20 per player. Please include with your first payment.

REGISTER Now! \$___ per player + \$20 insurance fee (2nd payment due Dec 6) less \$50 Deposit

OR....If paying in full, to receive early pay discount...\$___ + \$20 insurance is due with this form less \$50 Deposit

Make checks payable to: PPOSH

Mail to:

Gary Swain

WEB SITE: www.over60hockey.com

34287 Claudia Ct.

E-mail: GSwain12YC@yahoo.com

Phone: 734-525-3712

Westland, MI 48185

Plymouth Puckmasters Over Sixty Hockey League – 2018-19

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

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

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

Player Contract, Automatic Registration Renewal, Waiver, Release of Liability and Assumption of Risk Agreement **Read Before Signing**

In consideration of being allowed to participate in any way in the Over 60 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. I consent to "The League" accepting this registration as an automatic renewal for each subsequent fall/winter and spring season and agree to pay the full fees for each such season unless I provide written notice at least 30 days before the first game of the applicable subsequent fall/winter or spring season to Gary Swain that I opt out of participation.

3. 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,

4. **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,

5. 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,

6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the Plymouth Puckmasters Over 60 League 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, AUTOMATIC REGISTRATION RENEWAL, WAIVER, 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 _____
Participant's Signature

X _____
Print Name Date Signed: