

CHAR-EM ADULT HOCKEY ASSOCIATION DIVISION III
RELEASE OF LIABILITY/REGISTRATION FORM -2013-2014 SEASON

In consideration for my being allowed to participate in hockey games sponsored by Char-Em Adult Hockey Association at Griffin Arena or any other location, I hereby, for myself and my heirs, personal representatives and assigns, release Char-Em Adult Hockey Association, and any and all of its officers, directors, employees, agents, successors, representatives and assigns, ("Releasees"), from any and all claims for injuries (including permanent paralysis and/or death) or damages which I may sustain as a result of my involvement in any hockey games, or pre-game or post-game activities, or any other activity at Griffin Arena or any other location where a Char-Em Adult Hockey Association sponsored game takes place, whether or not said injuries are caused by negligence on the part of any of the released parties.

I am fully aware that hockey is a dangerous sport. I acknowledge that I may be injured by accidental, negligent, or intentional acts as a result of my participation in Char-Em Adult Hockey Association sponsored games. I nevertheless hereby agree to assume all risks of injury (including permanent paralysis and/or death), whether foreseen or unforeseen, which I may sustain at Griffin Arena or any other location where a Char-Em Adult Hockey Association sponsored game takes place. I am also fully aware that playing hockey while not wearing approved protective equipment in dangerous and may result in injuries (including death) which I might not sustain or which might be less severe if I wear protective equipment. I agree to wear all protective equipment outlined in Char-Em Adult Hockey Association's rules.

I further agree to hold Releasees harmless and to indemnify Releasees from any and all claims and expenses, including reasonable attorneys fees and court costs, arising out of or relating in any way to any injury (including permanent paralysis and/or death) which I may sustain at Griffin Arena or any other location where a Char-Em Adult Hockey Association sponsored game takes place.

INDIVIDUAL INFORMATION

Name: _____
 First Middle Initial Last

Address: _____ City _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell Phone _____ - _____ - _____ Work Phone: _____ - _____ - _____

E-Mail: _____ (if provided, Division III e-mail schedules and announcements)

Date of Birth: ____/____/____ Marital Status: Single Married If married, spouse's name: _____

Do you have Health Insurance? Yes No If yes, name of provider: _____

PREVIOUS PLAYING EXPERIENCE

- | | | | | |
|--------------------------------|---|---|--------------------------------------|--|
| <input type="checkbox"/> Pro | <input type="checkbox"/> College Varsity/Club | <input type="checkbox"/> Adult Beginners Clinic | <input type="checkbox"/> High School | <input type="checkbox"/> Junior A,B or C |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Men's/Women's A League | <input type="checkbox"/> Men's/Women's B League | <input type="checkbox"/> Drop In | <input type="checkbox"/> None |

PREFERRED LEVEL OF PLAY

Division III (lower intermediate & beginner) **Preferred division selection is not guaranteed. Players will be drafted according to skill level as determined by team captains. You may be asked to move up to an upper Division depending upon skill levels and available openings in the upper divisions.**

Please indicate the primary position you play and any secondary positions you would be willing to play

PRIMARY

- Goalie
 Center
 Right Wing
 Left Wing
 Defense

SECONDARY

- Goalie
 Center
 Right Wing
 Left Wing
 Defense

Shot? Right Left

No health/medical insurance coverage is provided by the Char-Em Adult Hockey Association for the 2013-2014 season.

In addition to the above, I hereby agree to conform with the rules and regulations of the Char-Em Adult Hockey Association, which I have thoroughly read, understand and with which I agree to comply. The Char-Em Adult Hockey Association Division III Board reserves the right to re-assign a player to another team at any time in order to assure talent balance among teams.

I have read and fully understand this release and sign it as my own free act and deed.

REGISTRATION FEES:

DIVISION III (October 14 through December 16) (12 regular season games and minimum 2 playoff games) **\$200.00**

PAID IN FULL (Oct. 14 payment deadline)

PAYMENT PLAN As in years past, we will work with you on a payment plan. See your captain or talk with Bob Brill or Bill Meengs. USA Hockey Registration (required, send with registration) (\$45.00, Go to USAhockey.com)

Checks payable to: Char-Em Adult Hockey Association, C/O Bill Meengs, 724 Grove St. Petoskey, MI 49770 (231) 622-3055

Date: ____/____/____ Signed: _____

Paid Amount \$ _____ Payment type: Cash _____ Check Number _____

Credit Cards are still accepted, but you must have the rink swipe your card. Please provide a copy of your receipt along with this form to either Bob Brill or to Bill Meengs at the Address above.

