

Michigan Masters Hockey League

MMHL "OVER 62"

2017-2018 MMHL Sub Player Registration

Name _____ Age _____ Date of Birth _____

Address _____ City _____ Zip _____

Telephone(h) _____ Tel(c) _____ Tel(w) _____

*E-mail address _____

***All registrants (except goaltenders) must be "60" years of age as of December 31, 2017**

You may select one or all: _____ Substitute Player _____ Fulltime Player _____ Split Season Player

All split players must list reason for only playing half time:

Please Mark Selections

Positions:	Goal	Forward	Defense	Shoot: Left	Right
Self-Rating - (#1 being the best)	_____	1 - 2 - 3 - 4 - 5 - 6	1 - 2 - 3 - 4	_____	_____

*team reps have the right to play you at forward or defense

If you selected both forward and defense, *what is your first preference:* _____

Your last hockey league and year played: _____

Please give names of current MMHL players to use as a reference: _____

* Copy these documents and fill out all of the information requested.
The MMHL Committee communicates primarily via email.

***All players are required to sign the Waiver of Liability and Medical Release Form.**

Please sign the "form" and include with application.

Medical release form on back or attached

**Return documents to: Jerry Robertson
1536 Cardinal Ridge
West Bloomfield MI. 48324**

For information contact the MMHL Committee:

Jerry Robertson (734)776-7654 gyromepeemo@sbcglobal.net
Len Trusewicz (734)284-5379 lmtruse@yahoo.com
Mike Villemure (734) 658-2258 mike_villemure@yahoo.com

Document Dated: 3/3/2017

Michigan Masters Hockey League

MMHL "OVER 62"

Waiver of Liability and Medical Release

- All participants (full time players and subs) must sign this form before they are involved in any game in our league –

MANDATORY

I hereby agree to abide by the Rules and Regulations of the MMHL "Over 62" League. I fully understand that each participant in this league, including myself, will be engaging in activities that involve the risk of serious bodily injury, including permanent disability or death, or which may result in severe economic loss or other damages. I personally assume and accept all of these risks, including but not limited to the risk that such injury, loss or damage may result from the negligence of others. I hereby release, waive, discharge and otherwise agree to hold harmless the league and the arena management, or any of their respective officers, directors, employees, volunteers, agents or representatives, from any and all liability, claims or demands relating to any injuries, losses or damages that are incurred, sustained or caused by me as a participant in this League, or that otherwise arise out of or relate to, in whole or in part, my participation in this League.

FURTHERMORE, I hereby state that I am in good health and in proper physical condition to participate in the MMHL "Over 62" League. I represent that I am not aware of any medical condition, or taking any drugs or medications, that would make it unreasonable or unsafe for me to participate in the League. The league or its representatives are not responsible for me taking any medications that I consume that may cause a medical problem during strenuous exercise. I hereby release, waive, discharge and otherwise agree to hold harmless the League and the arena management, or any of their respective officers, directors, employees, volunteers, agents or representatives, from any and all liability, claims, demands, losses or damages related to any bodily injury or any health or medical condition, including but not limited to heart attack, stroke or death, that may result from, in whole or in part, my participation in this League.

Signature of Participant

Date

Print Name

Date of Birth

***** PLEASE FILL OUT BOTH SIDES *****