

**2018-2019 MMHL Over 60
Sub Player Registration**

Sub Players must be “60” years of age by December 31, 2018

Name _____ Age _____ Date of Birth _____

Address _____ City _____ Zip _____

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

E-mail address _____

(The MMHL Committee communicates primarily via email)

Please Circle Position Choice: (#1 highest rating)

Position:	<u>Goal</u>	<u>Forward</u>	<u>Defense</u>
Self-Rating	1 - 2 - 3	1 - 2 - 3 - 4 - 5 - 6	1 - 2 - 3 - 4

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

Last year you played and the leagues you have played in: _____

Can you provide MMHL Players references: _____

**The MMHL requires all players to sign the Waiver of Liability
and Medical Release Form on the back of this document**

**Mail Registration/Waiver Forms to: Jerry Robertson
1536 Cardinal Ridge
West Bloomfield, MI. 48192**

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

**MICHIGAN MASTERS HOCKEY LEAGUE
MMHL OVER 60**

WAIVER of LIABILITY and MEDICAL RELEASE

MANDATORY

- **All participants (full time players and subs) must sign this form before they participate in our league:**

I hereby agree to abide by the Rules and Regulations of the MMHL "Over 60" 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 60" 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

Signature of Participant

Date

Print Name

Date of Birth

PLEASE FILL OUT BOTH SIDES