



LIVONIA "OVER 30" HOCKEY ASSOCIATION

31533 Grove Dr.
Livonia, MI 48154



2010/2011 Registration and Acknowledgment of Risk Form

Player Name: _____ Wife's Name: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Work / Cell Phone: (____) _____ - _____
Your home phone will be listed on the team roster, unless you specify otherwise. Please circle Work or Cell for alternate number

Birthdate: ____ / ____ / ____ Social Security Number: ____ / ____ / ____
Month Day Year (SSN is required for insurance purposes & will be kept confidential)

Occupation: _____ Email: _____

Note: The information on the line below is for "Statistical Purposes" only and will not determine a player's playing position during the 2010/2011 season.

Shoots: R ___ L ___ Preferred Position: Def ___ Center ___ Wing ___ Goal ___

Please check one of The Following:

_____ I **Will Not** be playing in the Livonia "Over 30" Hockey Association, but request a **Leave of Absence**. (\$25.00 for a leave of absence is enclosed)

_____ I **Will Not** be playing in the Livonia "Over 30" Hockey Association.

_____ **YES**, I do want to play in the Livonia "Over 30" Hockey Association this season. (\$60.00 for registration is enclosed)

Release of Liability

I understand and appreciate that participation in the Livonia "Over 30" Hockey Association and the sport of ice hockey constitutes a risk to me of serious injury, including permanent paralysis or death.

I voluntarily and knowingly recognize, accept, and assume this risk. I also release the Livonia "Over 30" Hockey Association, its Officers, Boardmembers, League Members, Including other players, the Referees, Sponsors and officials from any and all liability.

Signature: _____ Date: _____

Amount Enclosed: \$60.00 Registration Fee: Check: _____ Cash: _____

\$25.00 Leave of Absence: Check: _____ Cash: _____

REGISTRATION DEADLINE: FRIDAY, JULY 9, 2010

There will be an additional \$50 late fee if you do not have your paperwork in on time