

EDSHOCKEY OVER 50 C LEAGUE at U.S.A. Arena

All Applicants, Goalies, Team Captains, Players & Subs must submit **a \$50** entry fee for the new season.

Send **\$50** with the Application. All applicants who are drafted into the **EDSHOCKEY OVER 50 C League** and drop out **WILL NOT** have their entry fee **refunded** for any reason.

All applicants who are not drafted into **EDSHOCKEY OVER 50 C League** will have their entry fee refunded.

The **EDSHOCKEY OVER 50 C League** will continue the policy on refunds and replacements for drafted players who sustain injuries or health problems that turn out to be long term.

For the **2017-18 season** all players must let Ed know as soon as possible to make him aware of the start date of injury or health issues that may involve 4 weeks or more of off time, and update him periodically on any progress.

A player's actual return after more than 4 weeks will be negotiated on a case by case basis, but should the return time be uncertain, the player will be replaced by a permanent sub according to rating level. Upon return to able status, the drafted player who has been replaced will be given priority for any subsequent openings (according to rating level) and/or roster spots for the next season.

If a drafted player wants to secure their position, regardless of off time, they must make all scheduled payments.

In all cases, if funds are available, pro-rated refunds will be made to drafted players who are unavailable to play for a long term.

Applications for the **EDSHOCKEY Over 50 C League** must be returned by **April 9, 2017** to **guarantee your spot for the 2017-2018 season.**

Please make check payable to: **EDSHOCKEY**

All regular players and substitute players must sign the waiver and also sign up with U.S.A. Hockey.

Their application will be on file with the league.

Please mail check and FULL PAGE APPLICATION to: EDSHOCKEY, 4647 Culver, Brighton, MI 48114

****** DO NOT CUT *** Please return the entire application along with your check!!!!**

Name: _____ Age: _____ Birthday: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Check if either applies to you: Sub Only _____ I would like to be a Team Rep _____

Please circle position: Goalie Defense Forward

Please circle rating: 1 2 3 4

I hereby agree to abide by the Rules of the **EDSHOCKEY Over 50 C Hockey League**.

I acknowledge that hockey and ice skating can be dangerous and assume any and all risks of mishaps and injury. I hereby expressly and voluntarily assume the risks of any injury or damage or loss that the undersigned may sustain while on the premises, and hereby waive all liability against **EDSHOCKEY Over 50 C Hockey League** or Arena Management (including employees, agents and servants).

I agree that I will not hold either **EDSHOCKEY Over 50 C Hockey League** or Arena Management (including employees, agents or servants) responsible for any intentional or unintended actions, mishaps or injuries sustained or caused to me or by me as a participant in the **EDSHOCKEY Over 50C Hockey League**.

I agree that I will not hold either **EDSHOCKEY Over 50 C Hockey League** or Arena Management (including employees, agents and servants) responsible for any medical costs and/or treatment that I may need as a result of any intentional or unintended actions, mishaps or injuries that may occur while I am a participant with the **EDSHOCKEY Over 50 C Hockey League**.

Signature

Date