

HOOVER ARENA*
15381 Royalton Rd.
Strongsville, OH 44136
440-268-2800
*league office



SERPENTINI ARENA
14740 Lakewood Hts. Blvd.
Lakewood, OH 44107
216-529-4400

NON-CHECKING ADULT LEAGUE REGISTRATION FORM

PLEASE PRINT LEGIBLY

PLAYER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (____) ____-____ 2nd Phone (____)-____-____ E-MAIL ADDRESS _____

TEAM NAME _____ DIVISION (ABCD) _____

REGISTRATION: I AM THE ABOVE PLAYER FOR THE ABOVE TEAM AND I AM HEREBY REGISTERING TO PLAY ICE HOCKEY IN THE **ICELAND USA LEAGUE**. I UNDERSTAND THAT THIS REGISTRATION IS NOT EFFECTIVE UNTIL ACCEPTED BY THE LEAGUE AND THAT THE LEAGUE MAY DECLINE TO ACCEPT THIS REGISTRATION FOR ANY REASON NOT IN VIOLATION OF THE LAW. UPON ACCEPTANCE OF THIS REGISTRATION BY THE **LEAGUE**, THIS REGISTRATION BECOMES A CONTRACT UNDER WHICH THE **LEAGUE** AGREES TO PERMIT ME TO PARTICIPATE IN THE **ICELAND USA LEAGUE** IN ACCORDANCE WITH THE **LEAGUE'S** RULES. I AGREE TO BE BOUND BY THESE TERMS OF REGISTRATION AND THE OFFICIAL **LEAGUE** RULES AND POLICIES. I UNDERSTAND THAT THIS REGISTRATION IS DEEMED ACCEPTED BY THE **LEAGUE** UPON RECEIPT OF SAME TOGETHER WITH THE REQUIRED PAYMENT IN FULL. THE **LEAGUE** RESERVES THE RIGHT TO TERMINATE ANY PLAYER'S PARTICIPATION IN **LEAGUE** ACTIVITIES AT ANY TIME DURING THE COURSE OF THAT ACTIVITY SESSION OR SEASON FOR ANY REASON WHICH IS NOT IN VIOLATION OF THE LAW.

PAYMENT: I UNDERSTAND AND AGREE THAT THE FULL TEAM COST (INCLUDING ANY PAST DUE OR BALANCE FORWARD FEES/CHARGES) OF THE SEASON ACTIVITY FOR WHICH I AM REGISTERING IS REQUIRED TO BE PAID BY THE TEAM TO THE LEAGUE. I FURTHER UNDERSTAND AND AGREE:

- A. THAT THE TEAM WILL NOT BE PERMITTED TO PLAY OR OTHERWISE PARTICIPATE IN ANY LEAGUE ACTIVITY UNLESS THE FULL SEASON/ACTIVITY FEE IS RECEIVED IN THE LEAGUE OFFICE AT THE ADDRESS LISTED ABOVE BEFORE THE SEASON/ACTIVITY BEGINS.
- B. THAT ANY PAYMENT NOT MADE DIRECTLY TO EITHER ADDRESS SET FORTH ABOVE MAY DELAY MY PAYMENT BEING CREDITED AGAINST THE TEAM ACCOUNT AND MAY CAUSE LATE FEES OR FINES TO BE ASSESSED.
- C. THAT ANY PAYMENT NOT MADE IN FULL BEFORE THE SEASON/ACTIVITY BEGINS WILL BE SUBJECT TO A \$25.00 LATE PAYMENT PROCESSING FEE FOR EACH MONTH OR PORTION THEREOF THAT ANY PAYMENT OR PORTION OF PAYMENT REMAINS DUE AND UNPAID. THE \$25.00 FEE SHALL BE CHARGED ON THE FIRST DAY OF EACH MONTH PAYMENT IS NOT RECEIVED IN FULL, BEGINNING WITH THE FIRST FULL MONTH OF THE SEASON/ACTIVITY.
- D. THAT FULL PAYMENT DUE REMAINS DUE REGARDLESS OF PARTICIPATION OR CONTINUED PARTICIPATION WHETHER I CHOOSE NOT TO PARTICIPATE, CANNOT PARTICIPATE FOR PERSONAL OR BUSINESS REASONS OR WHETHER I AM SUSPENDED (E.G. FOR NONPAYMENT OF FEES OR BREACH OF LEAGUE RULES, POLICIES OR DIRECTIVES UNLESS A PROPER AND TIMELY REQUEST FOR REFUND HAS BEEN SUBMITTED IN ACCORDANCE WITH THE SECTION ON REFUNDS BELOW.
- E. THAT THE COST OF THE SEASON IS SOLELY FOR ICE TIME, REFEREES AND SCOREKEEPER FEES AND FOR ORGANIZATION AND ADMINISTRATION EXPENSES OF THE LEAGUE AND DOES NOT INCLUDE THE COST OF ANY OTHER RELATED EXPENSES SUCH AS REQUIRED UNIFORMS, SUPPLIES, EQUIPMENT OR INDEPENDENT PRACTICE ICE TIME.
- F. THAT EACH CHECK SUBMITTED FOR ANY LEAGUE SEASON/ACTIVITY RETURNED DUE TO INSUFFICIENT OR UNAVAILABLE FUNDS SHALL BE SUBJECT TO A \$50.00 CHARGE EACH TIME THE CHECK IS RETURNED.
- G. THAT I WILL PAY ALL REASONABLE COSTS INCURRED BY THE LEAGUE IN COLLECTING ANY AMOUNTS DUE THERE UNDER, INCLUDING BUT NOT LIMITED TO COLLECTION COSTS, COURT COST AND ATTORNEYS' FEES; AND
- H. THAT TEAM WILL REIMBURSE THE LEAGUE IN FULL, WITHIN TEN DAYS OF NOTICE FOR THE COST OF ANY PROPERTY DAMAGE FOR WHICH I AM DEEMED RESPONSIBLE BY THE LEAGUE OR FOR WHICH THE LEAGUE IS BILLED BY ANY SKATING FACILITY.

REFUNDS: I UNDERSTAND THAT THE LEAGUE WILL NOT PROVIDE OR BE RESPONSIBLE FOR ANY REFUND TO THE TEAM AFTER THE START OF THE LEAGUE. IN SPECIAL CIRCUMSTANCES, A REQUEST FOR REFUND MAY BE SUBMITTED TO THE LEAGUE DIRECTOR FOR CONSIDERATION. ANY REQUEST FOR A REFUND MUST BE MADE IN WRITING TO: **ICE LAND USA, ATTN: MIKE SHOCKLEY**, SENT BY CERTIFIED MAIL TO THE HOOVER ARENA ADDRESS LISTED ABOVE.

ASSUMPTION OF RISK: *I UNDERSTAND AND AGREE THAT THE SPORT OF ICE HOCKEY HAS INHERENT RISKS OF PHYSICAL INJURY, INCLUDING SERIOUS BODILY INJURY, PERMANENT DISABILITY, PARALYSIS AND DEATH, AND I ACCEPT AND ASSUME ALL SUCH RISKS.* THESE RISKS AND DANGERS MAY BE CAUSED BY MY OWN ACTIONS OR ACTIONS OF OTHERS PARTICIPATING IN THE EVENT, THE CONDITIONS OR LAYOUT OF THE EVENT, OR BY ANOTHER'S EQUIPMENT. THERE MAY BE OTHER RISKS NOT KNOWN TO ME OR THAT ARE NOT READILY FORESEEABLE AT THIS TIME. THE SOCIAL AND ECONOMIC LOSSES AND/OR DAMAGES THAT COULD RESULT FROM THOSE RISKS COULD BE SEVERE AND COULD PERMANENTLY CHANGE MY FUTURE.

I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE LEAGUE, ANY OF THE LEAGUE OFFICIALS, MANAGEMENT, OWNERS, THE PROPRIETOR OR EMPLOYEES OF ANY ICE FACILITY USED BY THE LEAGUE FROM ALL LIABILITY TO ME, MY PERSONAL REPRESENTATIVE, ASSIGNS, HEIRS, NEXT OF KIN, FOR ANY CLAIMS DEMANDS, LOSSES OR DAMAGE ON ACCOUNT OF INJURY SUSTAINED BY ME WHILE PARTICIPATING IN ANY LEAGUE ACTIVITY, INCLUDING BUT NOT LIMITED TO, DEATH OR DAMAGE TO PROPERTY CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF ME OR OTHERWISE.

I HEREBY CERTIFY THAT I HAVE ADEQUATE MEDICAL INSURANCE TO PAY FOR THE TREATMENT AND CURE OF ANY SUCH INJURY WHICH MAY RESULT FROM MY PARTICIPATION IN LEAGUE ACTIVITIES, AND I AGREE TO BE SOLELY RESPONSIBLE FOR ALL MEDICAL AND OTHER COSTS ARISING FROM ANY INJURIES I MAY RECEIVE WHILE PARTICIPATING IN LEAGUE ACTIVITIES. I FURTHER CERTIFY THAT I HAVE NO KNOWN MEDICAL CONDITION WHICH WOULD PROHIBIT ME FROM PARTICIPATING IN THE SPORT OF ICE HOCKEY. I ACKNOWLEDGE THAT THE LEAGUE STRONGLY RECOMMENDS EACH PLAYER TO RECEIVE A PHYSICAL EXAMINATION BY A COMPETENT PHYSICIAN PRIOR TO PARTICIPATING IN ANY LEAGUE ACTIVITY.

I FURTHER AGREE THAT PRIOR TO PARTICIPATING IN ANY LEAGUE SANCTIONED EVENT, I WILL INSPECT THE RINK FACILITIES AND EQUIPMENT TO BE USED AND IF I BELIEVE THAT ANYTHING IS UNSAFE, I WILL IMMEDIATELY ADVISE MY COACH, TEAM CAPTAIN, AND THE GAME SUPERVISOR OF SUCH CONDITIONS, AND I WILL REFUSE TO PARTICIPATE UNTIL THE UNSAFE CONDITION HAS BEEN REMOVED. I FURTHER UNDERSTAND THAT THE LEAGUE DOES NOT WARRANT ANY EQUIPMENT USED IN ANY LEAGUE ACTIVITY OR ANY FACILITY AT WHICH LEAGUE ACTIVITIES ARE HELD.

ADDITIONAL TERMS: I FURTHER UNDERSTAND AND AGREE TO THE FOLLOWING:

- A. *THE LEAGUE'S DECISION SHALL BE FINAL ON THE ADOPTION, ENFORCEMENT AND INTERPRETATION OF ALL LEAGUE RULES AND POLICIES AND ALL OTHER MATTERS RELATING TO LEAGUE ACTIVITIES. I AGREE TO ABIDE BY ALL SUCH DECISIONS NOT WITHSTANDING MY PERSONAL PREFERENCES TO THE CONTRARY.*
- B. *THE LEAGUE WILL BE THE SOLE AUTHORITY AS TO WHAT LEVEL AND WHAT TEAM I WILL BE PERMITTED TO PARTICIPATE IN.*
- C. *EACH TEAM WILL HAVE A TEAM CAPTAIN WHO WILL BE ELECTED FROM AMONG THE TEAM'S PLAYERS AT THE BEGINNING OF THE SEASON. THE TEAM CAPTAIN IS AUTHORIZED TO ACT AS THE SOLE AGENT OF THE TEAM FOR ALL PURPOSES RELATING TO LEAGUE ACTIVITIES AND EVENTS. IF I AM ELECTED TEAM CAPTAIN, I WILL ACT TO ENSURE THAT THE TEAM STRICTLY COMPLIES WITH ALL LEAGUE RULES AND POLICIES.*
- D. *THE LEAGUE MAY USE FOR PROMOTIONAL, ADVERTISING, OR EDUCATION PURPOSES WITHOUT NOTICE OR COMPENSATION TO ME, ANY AUDIO AND/OR VISUAL RECORDINGS OF ANY LEAGUE ACTIVITY IN WHICH I MAY APPEAR*

PLAYER'S SIGNATURE _____ **DATE:** _____



ADULT NON-CHECKING LEAGUE
TEAM/INDIVIDUAL “COMMITMENT TO PAY” FORM

Signature of this form by players registering individually, or by the Captain of any team registering at one time, is acceptance that the individual or team will have fees paid in full by the first scheduled game the individual or team plays.

TEAM FEES ARE DUE AS FOLLOWS:
\$2000.00 PER TEAM PAYABLE TO ICELAND USA AND \$500.00 PER TEAM
PAYABLE TO ERIC COLEMAN FOR REFEREES.

Individual or team fees not paid in full by the first scheduled game are subject to the following fees: A \$25.00 late payment processing fee for each month or portion thereof that any payment or portion of payment remains due and unpaid. The \$25.00 fee shall be charged on the first day of each month that payment is not received in full, beginning with the first full month of the season.

PLAYERS REGISTERING INDIVIDUALLY – COMPLETE THIS BOX

Player's name – printed _____

Player's Signature _____

TEAM REGISTRATION – CAPTAINS-COMplete THIS BOX

Team Representative's name – printed _____

Team Representative's signature _____

Team Name _____ Division _____

REFUNDS: I UNDERSTAND THAT THE LEAGUE WILL NOT PROVIDE OR BE RESPONSIBLE FOR ANY REFUND TO ME AS REPRESENTATIVE FOR THE ABOVE TEAM AFTER THE START OF THE LEAGUE. IN SPECIAL CIRCUMSTANCES, A REQUEST FOR REFUND MAY BE SUBMITTED TO THE LEAGUE DIRECTOR FOR CONSIDERATION. ANY REQUEST FOR A REFUND MUST BE MADE IN WRITING TO: *ICE LAND USA, ATTN: MIKE SHOCKLEY*, SENT BY CERTIFIED MAIL TO THE HOOVER ARENA ADDRESS LISTED ABOVE.