

Ann Arbor Masters Hockey League
Winter 2010 Registration and League Indemnification
Oct. 6th through April 27th, 2011 (30 games)
All games at The Arctic Coliseum
501 Coliseum Dr, Chelsea, MI 48118

All players, subbing or rostered, must have a signed application on file and ISI insurance in order to play in the Ann Arbor Masters Hockey League (Note: for rostered players, AAMHL will cover the cost of ISI insurance)

Return registration to:

Scott Bogard
2639 Daleview Dr., Ann Arbor, Michigan 48105
aamhl040@comcast.net

Player Contact Information

First Name _____ Last Name _____
Street Address _____ City _____ State _____ Zip _____
Birth Date¹ (MM/DD/YYYY) _____ Email _____
Phone: home (____) _____ cell (____) _____ work (____) _____
Current ISI hockey # _____
Preferred Position:

Emergency Contact Information

First Name _____ Last Name _____
Phone (____) _____

AAMHL Indemnification Agreement

My signature below signifies I agree to all the statements of this agreement.

I know that hockey, even in the Ann Arbor Masters Hockey League (AAMHL), is a contact game. I know that I might be injured, even severely, during AAMHL activities. I accept those risks and agree to hold AAMHL players, league officers and representatives completely harmless for any injury or damages arising from AAMHL activities, except for any person that causes harm to me through his or her own grossly negligent conduct. I also agree to abide by the rules of the AAMHL. See <http://www.aamhl.com> for rules and league information.

Signature _____ Date (MM/DD/YYYY) _____

AAMHL Substitute Players

Players not in the league but wish to be on the substitute list must **sign the AAMHL Indemnification** agreement above and have **current ISI insurance** in order to play. See ISI website for registration (www.skateisi.com/site/).

Current ISI hockey # _____

¹ League fees include ISI insurance. Date of birth and mailing address is necessary for this insurance.