

SPENCER PARK POND HOCKEY CLASSIC - SATURDAY, FEBRUARY 12th, 2022

REGISTRATION DEADLINE – 5:00 pm, WEDNESDAY, FEBRUARY 9th, 2022

REGISTRATION FORM / ROSTER / WAIVER OF LIABILITY

TEAM NAME: _____

	Participant Name	Highest Level of hockey Played	Date of Birth*	Phone	Participant Signature
1)	CAPTAIN:				
2)					
3)					
4)					
5)					

*ALL PARTICIPANTS MUST BE AT LEAST 18 YEARS OF AGE - MUST SHOW VALID STATE PICTURE ID AT EVENT!

CAPTAIN INFO: Street Address / Apt: _____



City / State / Zip: _____ Phone: _____

Email (print clearly): _____

Emergency Contact Name: _____ Phone: _____

Has any member of the team played in a pond hockey tournament before? Yes / No

If yes, where? _____

PAYMENT: TEAM ENTRY FEE = \$100.00

Payment Methods - CREDIT CARD (complete below), CASH OR CHECK (in person at city hall - address below)

CREDIT CARD PAYMENT - Credit cards will be charged a 2.6% convenience fee (\$2.00 minimum). This convenience fee goes to a third party administrator; it does not go to the city.

American Express Master Card Discover Visa

Credit Card Number: _____ Exp. Date: _____

Card Holder's Name: _____ Card Holder's Signature: _____

Send Payment, registration and waiver forms via mail or email to:

City of Rochester Hills
Parks Department - SPPHC
1000 Rochester Hills Rd.
Rochester Hills MI 48309
spencerpark@rochesterhills.org

If you have any questions, please call Spencer Park at 1-248-656-4657 or email at spencerpark@rochesterhills.org.

IMPORTANT!! Due to the limited size of this tournament (maximum of 20 teams), all team registrations shall be considered "pending" when submitted. You will NOT be charged until your registration is accepted. Teams will be entered into the Tournament and registered in the order received. You will be notified if your registration was accepted or not as soon as possible.

The City of Rochester Hills and Tournament Officials reserve the right to disqualify any team if said team has not fairly represented their participants and/or participants' skill levels on the registration form.

CANCELLATIONS: A full refund will be given if both event dates are cancelled by tournament officials due to weather or ice condition safety concerns. Any cancellation by participants within two weeks of the event is subject to a \$25 cancellation fee. Cancellations more than two weeks before the event will receive a full refund.

I have read and accept this registration information.

Captain's signature: _____ Date: _____

SPENCER PARK POND HOCKEY CLASSIC - SATURDAY, FEBRUARY 22th, 2022

-WAIVER AND RELEASE OF LIABILITY FOR PARTICIPANTS FORM-

Each participant must sign this waiver to play in this tournament. Waivers may be signed at the registration desk on the day of the tournament.

I acknowledge that this pond hockey tournament and pond hockey related activities are an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include but are not limited to, those caused by the terrain, facilities, temperature, weather and condition of equipment. If applicable, hazards may be caused by ice, cracks and any other water related hazards. I hereby assume all of the risks of participating in this activity at Thelma G. Spencer Park in Rochester Hills.

I certify that I am physically able, have sufficiently trained for participation in this activity, and have not been advised otherwise by a qualified medical person.

I acknowledge that this **Waiver and Release of Liability for Participants** form will be used by the City of Rochester Hills and all employees, volunteers, elected and appointed officials and representatives of the City and that it will govern my actions and responsibilities at said activity.

In consideration of permitting me to participate in this tournament, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns to: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including as to my traveling to and from this activity, the City of Rochester Hills, their elected and appointed officials, employees and volunteers, and representatives and agents, and others working or acting in behalf of the City of Rochester Hills; and to the extent permitted by law (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this event.

I hereby consent to receive medical treatment, which may be deemed appropriate in the event of injury, accident, and/or illness during this event.

I hereby certify that I have read this waiver document and understand and agree to its content.

Captain Name: _____ **Signature:** _____ Date: _____

Participant Name: _____ **Signature:** _____ Date: _____

