



**2011-2012 CHL SEASON  
INFORMATION**

**"I COULDN'T AFFORD HEALTH  
INSURANCE THIS YEAR, SO I BOUGHT  
A NEW HELMET." CHL ROOKIE**

**DRAFT SKATE DATE 10/3**

- ♥ 9pm A-L
- ♥ 10pm M-Z
- ♥ PLAYERS WILL BE CALLED BY CAPTAINS

**SCHEDULE**

- ♥ GAMES MON, TUE, THUR @ 9PM
- ♥ GAMES BEGIN WEEK OF 10/17
- ♥ 20 GAME SCHEDULE
- ♥ STANLEY KEG PLAYOFF SERIES WRAPPED UP BY SPRING BREAK

**FEES -**

- \$ 400 IF PAID-IN-FULL BY 12/31
- \$450 IF PAID IN FULL BEFORE PLAYOFFS
- \$150 MINIMUM DUE @ DRAFT
- NEED SPECIAL PAY ARRANGEMENTS? CALL STEBBINS @ 231-920-4096
- GOALIES - \$80

**REGISTRATION**

- \* REGISTER NOW!
- \* COMPLETE FORM ON BACK
- \* MAIL W/ CHECK TO: (TO CAMHA)
- \* 5431 WEST GEERS ROAD MCBAIN, MI 49657

**QUESTIONS?**

MIKE STEBBINS - 231-920-4096  
JOEL GUMM - 231-920-2193



<http://www.facebook.com/CadillacHockeyLeague>

**CAMHA  
5431 W. GEERS RD  
MCBAIN, MI 49657**

# CHL – 2011-2012 PLAYER REGISTRATION FORM

(PLEASE PRINT LEGIBLY)

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RETURNING CHL PLAYER? \_\_\_\_\_

POSITION: \_\_\_\_\_

- PAYING IN FULL: \$400 (GOALIES \$80)
- PAYING 1<sup>ST</sup> INSTALLMENT - \$150 (\$250 DUE BY 12/31/11)
- NEED PAYMENT PLAN – I'M PAYING \_\_\_\_\_ NOW AND AGREE TO BE PAID IN FULL (\$450) BEFORE MARCH 1<sup>ST</sup> 2012.

## Waiver Form

In consideration of being allowed to participate in any way in Cadillac Area Men's Hockey Association (CAMHA) programs, related events, and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of injury does exist; and 2) KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation, and 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest instructor immediately, and 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEARBY RELEASE AND HOLD HARMLESS CAMHA, their officers, instructors, agents and / or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event ('Releases'), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to personal property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_ participant's signature and date signed

MAKE CHECKS PAYABLE TO CAMHA – MAIL TO: 5431 WEST GEERS ROAD McBAIN, MI 49657