



AJAX OLDTIMERS HOCKEY LEAGUE

2010 - 2011 Season

Application Form and Release

First Name: _____ Initial: _____ Last Name: _____

Street: _____ Unit/Suite/Apt #: _____

City/Town: _____ Postal Code: _____

Telephone: _____ Birth Date (month: day: year) _____

Position: _____ Email Address: _____

Previous Experience: _____

Division: Junior (35-49 yrs.) _____ Senior (50 yrs & over) _____

1. I, the undersigned, certify that I qualify to play in the Ajax Oldtimers Hockey League ("AOHL") and I agree to abide by all of the rules and regulations of the AOHL.
2. I hereby apply to play in the AOHL for the 2010-2011 season.
3. I realize and fully understand that there is an inherent danger in playing hockey and that the AOHL recommends that all players wear CSA-approved equipment.
4. In consideration of the acceptance of my application, I for myself, my heirs, successors and assigns, hereby release, waive and forever discharge the AOHL and its respective agents, officials, referees, players, representatives, successors, and assigns from any and all claims, demands, costs, expenses, actions, and causes of actions whether in law or equity with respect to death, injury, loss or damage to my person or property however caused, arising out of my participation in the AOHL whether as a representative, player, spectator or otherwise. I further hereby hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability by any or all of them arising as a result of or in any way connected with my participation in the AOHL. I warrant that I am physically fit to participate in the activities of the AOHL.
5. By submitting this application, I acknowledge having read, understood and agreed to the above release and indemnity.

A \$50 deposit, cash or cheque (post-dated no later than June 1st 2010), is required with this application. The deposit will be applied to the registration fee for the 2010-2011 season.

Deposit received by: _____ Date: _____

Applicant's Signature

Date