



Twin Rinks Adult Hockey League RECREATIONAL GOLD LEAGUE Summer 2010 Season

July 11, 2010 – September 9, 2010

Recreational Gold League

- ◆ For individuals and teams with some hockey experience looking to play hockey as an enjoyable, recreational activity.
- ◆ Players are normally playing at a high C / Low B level. All players must be over 18 years old.
- ◆ No Checking allowed and full equipment is required. Game ejection plus 1 game for receiving 4 penalties in 1 game
- ◆ Games are Wednesday through Sunday nights with start times between 5:40 - 10:40 p.m.
- ◆ **10 games** - 15 minute stop-time periods.
- ◆ Captains should submit all individual player applications and full payment 5 days prior to the start of the season.

Click here to register online and pay → https://www.twinrinks.com/gold_secure_form.htm

Players Name: _____ Birth Date: ___/___/___ Sex: M F

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Emergency Contact: _____ Emergency Telephone: _____

FEES (10 games)

- Team Fee \$2000 Team Name _____ (RECG-TEA? 07-11-10)
- Team Member (no fee) Captains name _____ USA Confirmation # _____

All players must register and pay USA Hockey at www.usahockeyregistration.com and bring us the confirmation form.

Payment due with registration. Make checks payable to: *Twin Rinks Ice Pavilion, Inc.*

Waiver and Release of All Claims

Please read this form carefully and be aware that in signing this Waiver and Release of All Claims you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of this and all future activities at Twin Rinks Ice Pavilion, Inc.

"I recognize and acknowledge that there are certain risks of serious injury to participants in this activity and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my child/ward may sustain arising out of this and all future activities. I agree to waive and relinquish all claims I or my child/ward may have arising out of this and all future activities against Twin Rinks Ice Pavilion, Inc. and its officers, directors, shareholders, agents, servants, and employees. I do hereby fully release and discharge Twin Rinks Ice Pavilion, Inc. and its officers, directors, shareholders, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward arising out of this and all future activities. I further agree to indemnify and hold harmless and defend Twin Rinks Ice Pavilion, Inc. and its officers, directors, shareholders, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, arising out of, connected with, or in any way associated with this and all future activities. In the event of an emergency, I authorize Twin Rinks Ice Pavilion, Inc's. officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for full payment of any and all medical services rendered".

Refund Policy for individuals prior the the first day: (team fees are not refundable)
Payment Plan: No refunds. **Full Payment:** 75% refund less a \$10 administrative fee.
Refund Policy for individuals on or after the first day: (team fees are not refundable)
Payment Plan: No refunds. Upon notification of cancellation the entire unpaid balance will immediately become due and will be charged to the credit card. **Full Payment:** 50% refund less a pro-rated per game fee for each game that has taken place up to the date of notification, less jersey cost.

**I have read and fully understand the above program details, payment requirements and waiver and release of all claims.
I agree to pay the credit card charges charged to the following credit card:**

Discover MC Visa _____ CVVC _____ Expires ___/___/___

Signature _____ Date _____