

PACIFIC COAST HOCKEY LEAGUE

PLAYER NAME:	DATE OF BIRTH:
ADDRESS:	HOME #
CITY:	WORK #
ZIPCODE:	CELL#
EMAIL:	@

PAYMENT PLAN

The team fee is \$6900 including insurance.

All players will be responsible for the team fee.
Regardless of how many players on the team thru out the season.

1st	\$200 By July 8th 2009
Requires a post dated check with 1 st payment	
2nd	\$200 By August 15th 2009
3rd	Balance to be paid once it's determined by team REP. It all depends on how many players are on the roster. DUE by 10th game.

<input type="checkbox"/>	Insurance is included with payment
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<input type="checkbox"/>	\$6900 FULL TEAM PAYMENT Insurance will be paid for 15 players. \$20 per additional players
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If you want PCHL to automatic charge your card at the begging of the season and your second payment sign below.

SIGN _____

***NOTE: ALL PAYMENTS LISTED ARE CONSIDERED CASH OR CHECK ONLY. ALL SECOND PAYMENTS WILL BE DUE THE SECOND PAYMENT SCHEDULED DATE. Please call the office for credit card**

TEAM NAME _____ Jersey # _____

LEVEL YOU PLAN ON PLAYING IN (CIRCLE ONE)

LEVEL 1 = HIGH ADVANCED

LEVEL 2 = ADVANCED

LEVEL 3 = HIGH INTERMEDIATE

LEVEL 4 = INTERMEDIATE

LEVEL 5 = NOVICE

LEVEL 6 = BEGINNER - NOVICE

**Second team fee is \$420.
\$220 at first game & \$200 by 10th game**

NEW PLAYER CHECK THIS BOX

Please note! Players that pay the league fee in full. Will have to pay an extra amount, if team falls short of balance.

PAYMENT INFORMATION

PAYMENT PLAN (PLEASE CIRCLE): A B C D E	CREDIT CARD INFO (MASTER CARD OR VISA ONLY)
PAYMENT AMOUNTS _____	CREDIT # _____ EXP ____/____

NOTE!! THERE WILL BE A \$25 CHARGE FOR ALL RETURNED CHECKS OR DENIED CREDIT CARDS REGARDLESS OF REASON. ALL UNPAID BALANCES WILL BE SENT TO THE DISTRICT ATTORNEY FOR IMMEDIATE COLLECTION.

PLAYER AGREEMENT:

If the Pacific Coast Hockey League has not received payment by July 8th, 2009 returning players will be removed from their roster spot and placed on the wait list. New players will lose their "guaranteed" placement status and will be placed on the wait list. BY SIGNING THIS DOCUMENT, I understand the terms and schedule of payments included herein and agree to meet fee deadlines. If I am late with any payment, I understand that I may be released from my team and/or subject to late fees of \$15 for each late payment. BY SIGNING THIS DOCUMENT, I understand that my credit card may be charged accordingly to meet the payment schedule. I also UNDERSTAND that if for any reason I choose to quit prior to game #10, I will be required to pay a \$75 replacement fee. If for any reason I choose to quit after game #10, I will be required to pay a \$150 replacement fee. I understand it is my responsibility to notify the Pacific Coast Hockey League of intent to quit, and I will not be entitled to credit of any kind for games missed prior to notifying the Pacific Coast Hockey League. I also UNDERSTAND that if I quit League play and fail to notify the Pacific Coast Hockey League, that I will be held responsible for any balance still owed to the League. BY SIGNING THIS DOCUMENT, I acknowledge the fact that the sport of ice hockey, including participation in the Pacific Coast Hockey League, may have inherent dangers which can cause injury and possibly death, and that I am playing at my own risk. I understand that I am subject to all rules and regulations and repercussions that govern the Pacific Coast Hockey League play, regardless of whether I have had the opportunity to read the rule materials offered. I understand that I may be removed, without refund from league play for reasons deemed necessary by the directors of the Pacific Coast Hockey League.

I WILL HONOR MY COMMITMENT.

Sign here: _____ date: _____

**Waiver of Liability, Release,
Assumption of Risk & Indemnifying Agreement**

For and in consideration of participant's registration with Pacific Coast Hockey League, it's affiliate, Local association and member team and being allowed to participate in Pacific Coast Hockey League events and member team activities, the participants relinquish any and all liability for and cause of action for personal member team activities or the sport of ice hockey, or and activities incidental thereto, wherever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant may have are hereby relinquished and the participant does(do) so on behalf of my/our and participants heirs, executors, administrators and assigns.

Participant does acknowledge, understand and assume all risks inherent in ice hockey and any member team activities, and understand that said sport and activities involve risks to participant's person including bodily injury, partial or total disability, paralysis, and death, and damages which may arise there from and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releases" identified below. It is further acknowledged that there may be risks and dangers not known to use or are not reasonably foreseeable at this time.

Participant does acknowledge, understand assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledges and understands that included within the scope of this waiver and release is any cause of action, arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releases, or negligent supervision or instruction by releases.

It is the purpose of this agreement to exempt, waive and relieve releases from liability for personal injury, property damage, and wrongful death caused by negligence, including the negligence, if any, of releases.

"Releases" include Pacific Coast Hockey League, it's Affiliate Associations, Local Associations, Member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees.

Participant does agree if any claim for participant's personal injury or wrongful death is commenced against releases, he/she shall defend, indemnify and save harmless releases from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant does acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releases, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form.

Participant Name: _____

Witness Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Participant Signature _____

Participant Signature _____

Date: _____

Date: _____

Mail or Fax form: look below

**PACIFIC COAST HOCKEY LEAGUE P.O. BOX 1783 LOMITA, CA 90717 310-326-7416
WWW.PCHLHOCKEY.COM**