

# FLINT / LAPEER OLDTIMERS HOCKEY ASSOCIATION PRESENTS: 3<sup>rd</sup> ANNUAL FLINT / LAPEER OLDTIMERS TOURNAMENT



April 3, 4 and 5, 2020

Crystal Fieldhouse Ice Arena

5371 Daly Farms Dr. Burton, MI 48509

810-744-0800

- **Divisions: 40+, 50+, 60+, 70+ (limited to 8 teams per division).**
- Three Games Guaranteed - Two 15-minute stop time periods.
- Individual Awards for all Division Winners (max 16/team).
- Discounted hotel rates available to teams.
- Free Team Pictures emailed to each team.
- Players must attain their division age during the year of 2020.
- Goalies can be (10) years younger than the division they play in.

**TOURNAMENT ENTRIES SCHEDULED TO CLOSE ON MARCH 1, 2020.**

**Entry Fee: \$700 (US and/or CAN funds).**

**Checks payable to the Flint / Lapeer Oldtimers Hockey Association**

**Mail all Team Entry Forms and Checks to:**

**Flint / Lapeer Oldtimers  
C/O Mike Pettey  
2100 Morris Ave.  
Burton, Michigan USA 48529**

## **ATTENTION:**

ALL ENTRIES WILL BE ACCEPTED ON A FIRST COME, FIRST SERVE BASIS. TO BE ACCEPTED YOUR ENTRY MUST INCLUDE: **1.) \$200.00 (US FUNDS ONLY) 2.) OFFICIAL ENTRY FORM**

## **NOTE:**

ALL FORMS MUST BE COMPLETELY FILLED OUT INCLUDING BIRTH DATES NOTED FOR ALL PLAYERS YOU **MAY** ROSTER.

ALL PLAYERS MUST CHECK-IN AT THE "TOURNAMENT REGISTRATION CENTER", LOCATED IN THE MAIN LOBBY OF CRYSTAL FIELDHOUSE ICE ARENA, BEFORE THEIR FIRST GAME AND SHOW PROOF OF THEIR AGE (DRIVERS LICENSE OR EQUIVALENT) TO BE ELIGIBLE TO PARTICIPATE. THERE WILL BE NO EXCEPTIONS. **NO PROOF, YOUR INELIGIBLE.**

# 3<sup>rd</sup> ANNUAL FLINT / LAPEER OLDTIMERS TOURNAMENT

## Official Entry Form

**Hockey Tournament Dates April 3, 4, 5, 2020**

Team Name \_\_\_\_\_ City/Town \_\_\_\_\_  
 Team Contact \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ St/Prov \_\_\_\_\_ Zip/Mail Code \_\_\_\_\_  
 Residential Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
 Age Division your team participates in: 40+ 50+ 60+ 70+ (please circle one)  
 Level your team is competitive in: A B C D E (please circle)  
 Team Colors \_\_\_\_\_ Two sets of uniforms? Y or N (please circle)  
 Earliest your team could play on Friday, April 3 \_\_\_\_\_  
 If you require a late game on Friday – Please state the time \_\_\_\_\_  
 Team Contact Email: \_\_\_\_\_

### Team Roster

(Please print clearly)

	Jersey #	Player Name	Age*		Jersey #	Player Name	Age*
Goalie							

\* AGE In 2020

**\*\*\*\* FOR TOURNAMENT ADMINISTRATION USE ONLY \*\*\*\***

Deposit Received: \$ _____	Date Received: _____
Full Entry Fee Received: \$ _____	Date Received: _____
Confirmation Delivered: _____	Game Schedule Mailed: _____
A = _____ B = _____ C = _____	Team Pictures Delivered: _____
	2020 Tourney Data Mailed: _____

**Crystal Fieldhouse, LLC**  
5371 Daly Farms Dr. Burton, MI 48509

**PHOTO & VIDEO PERMISSION  
PARTICIPANT RELEASE OF LIABILITY AND  
ASSUMPTION OF RISK AGREEMENT**

READ BEFORE SIGNING

ORGANIZATION NAME: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned acknowledge, appreciate and agree that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death
- 2. I 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.
- 3. I willingly agree to comply with terms and conditions for participation. If 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 official immediately.
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS The Crystal Fieldhouse, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, its owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer or loss of damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 5. I understand pictures and videos will be taken at Crystal Fieldhouse and I give permission to use for promotional use.

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.

X \_\_\_\_\_

Participant's Signature

Age

Date

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE  
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_

Parent/Guardian Signature

Age

Date