



SSAHL Fall 2024 Application

Team Name: _____

Division Requesting: (Circle one) B C

Teams will be placed in divisions based on prior league performance.

Team Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Home Phone: _____ Work Phone: _____

Email: _____

Team captains are responsible for sending in the team roster and communicating all information to players found on the player waiver & release. Team rosters are due before the start of your second game but will not be frozen until October 4th. To add another team member after a roster has been turned in, please email eparra@olparks.com prior to October 23rd with the player's name and jersey number. No changes will be made to rosters after October 23rd.

League Fee

- Pay in full** - \$2,500 due at the time of registration via check, cash or credit card at the Oak Lawn Ice Arena Only. Make check payable to: Oak Lawn Park District. Credit card payments can be made over the phone by calling the Oak Lawn Park District Ice Arena at 708.857.5173
- Installment Billing** (credit card only) - \$2,750 split into auto-pay installments
 - \$750 – Due at the time of registration – Emilio will call to add or confirm a credit card on file
 - \$750 – Autopay credit card on 10/1/2024
 - \$750 – Autopay credit card on 11/1/2024

**If any installment billing charge comes back declined, a team captain will be notified via email and will have 5 business days to call the Oak Lawn Ice Arena with the payment before late fees are charged. Please see SSAHL rules for more information.*

Team captains are responsible for all payments made to the league. SSAHL **will not** accept payments from individual players. *The entire league fee is still due, even if a team does not wish to finish the season.*

As the team captain, I agree to pay the full league fee as selected above. I agree that I have read and fully understand the information on the 2024 SSAHL HOCKEY PROGRAM WAIVER & RELEASE, found on page 2 of this document, including important information, warning of risk and waiver and release of all claims and assumption of risk and have shared this information with my team. My team and I have also read, understand, and agree to abide by all SSAHL Rules provided to my team upon registration.

Team Captain Signature

Date



2024 SSAHL HOCKEY PROGRAM WAIVER & RELEASE

IMPORTANT INFORMATION – PLEASE SHARE WITH YOUR TEAM

The Oak Lawn Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Oak Lawn Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable to consult a physician before undertaking any physical activity.

WARNING OF RISK

Hockey is a sport intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injury, cervical spine injury (including paralysis) and death. All hazards and dangers cannot be foreseen. The very nature of the game of hockey is hazardous and risky, including but not limited to being tripped, body-checked, cross-checked, with the stick, hit with a slash, a high stick, or a thrown stick, going head first into the boards, getting pushed or checked from behind, being cut by a skate blade, colliding with goal posts, being hit by a stick, puck or another player's protective equipment, elbowed in the head or face, collisions with other players and stationary objects, poor officiating, injuries caused by failure to wear adequate protective equipment, inadequate playing condition, defective equipment, imperfection in the ice, failure in supervision or instruction, unsportsmanlike conduct, and all other circumstances inherent to the sport of hockey. In this regard, it is impossible for the Oak Lawn Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that when registering yourself for participation in the above program/programs, you will be waiving and releasing all claims for injuries you might sustain arising out of Park program/programs. I recognize and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I may have as a result of participating in the program against the Oak Lawn Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I may have or which may occur to me arising out of, connected with, or in any way associated with the activities or the program(s), to include all claims arising out of, connected with or in any way associated with the activities of the transportation service, including but not limited to boarding, exiting and transporting. In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. I also give my permission for any photographs/videos of me/my child/ward taken by the park district at a park-district program to be used for park-district publicity purposes. I have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims and permission to secure treatment. If registering online or via fax, I understand my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.