

**CMHL**  
**(Cambridge Men's Hockey League)**  
**(Sat. Night League)**

**2010 – 2011 Registration Form**

**Game Times:**      **Saturday**      **7:30pm, 8:30pm, 9:30pm, 10:30pm**

**(October 1<sup>st</sup> – April 9<sup>th</sup>)**

**Location:**              Cambridge Ice Centre

**Price:**                      \$365 per player (15 skaters & 1 goalie) or \$5840 team fee

- Team payments should be made with one  
Cheque for the amount of \$5840 written to **Hockey Inc.**
  
- ALL team payments must be made by September 17, 2010.

Each team is guaranteed:

20 League games and 6 playoff games = 26 games

**Rules:**                      20 players per team roster  
(must play 5 league games to be eligible for playoffs)  
5 minute warm up, (3) 10 minute periods  
No body contact  
Slap shots are allowed  
Shoot out in case of a tie  
No red line

- A complete list of league rules will be given to each team rep.

**For registration:**

Please complete this form and drop of at the Cambridge Ice Centre  
front desk Seven days a week 9am - 9pm  
Cash or Cheque Accepted

**CMHL Registration & Waiver Form**  
(Sat. Night League)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last Year's Team (League): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Participant's age: \_\_\_\_\_ Preferred Team: \_\_\_\_\_

Position: \_\_\_\_\_

**Terms and Conditions**

In understanding of acceptance as a participant with Hockey Inc./ CAIHL, I agree to release all employees, organizers and volunteers of Hockey Inc. from responsibilities, claim actions, damages and/or demands for injuries and/or losses resulting from direct participation in the Hockey Inc./ CAIHL programs. I acknowledge that I have read and understand the terms and conditions of this form and I agree by said terms and conditions.

\_\_\_\_\_  
Signature of Participant Date

**Medical Information**

Health Card #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physicians name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Special Medical Needs: \_\_\_\_\_

**For more information please contact:**  
**Ryan D'Arcy (519) 654-9333 ryan.darcy@hockeyinc.ca**  
**www.caihl.ca**