

60+, 65+, 70+
*DIVISIONS

\$750

*TEAM FEE

MEN'S ICE HOCKEY TOURNAMENT

February 28 - March 1, 2024
Buffalo Wild Wings Arena, Troy Mi

REGISTRATION & INFO



Michigan
Senior
Olympics

WWW.MICHIGANSENIOROLYMPICS.ORG
OR CALL (248) 608-0250 EXT 2

Michigan Senior Olympics is a Nonprofit 501(c)3 *All athletes require an MSO membership
*MSO reserves the right to join divisions if there are less than 4 teams in each division.

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Michigan Senior Olympics

Men's Hockey Team Roster - ROSTER DUE BY 2/15/2024

Team Name _____ Age Group _____

Team Captain: _____ Phone # _____

Street: _____ City: _____ State: _____ Zip: _____ County: _____

Email _____

Team Manager _____ Phone # _____

Street: _____ City: _____ State: _____ Zip: _____

Email _____

Maximum Players - 20

<u>Player's Name</u>	<u>Birthdate</u>	<u>Email</u>	<u>T-shirt</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____

Please mail to MSO, 650 Letica Dr., Rochester, MI 48307
Or email to kelli@michiganseniorolympics.org



Individual Registration Form

Name _____ Age _____ Birthdate _____
Last First As of 12/31/2024

Address _____

City _____ State _____ Zip _____ County _____

Phone: (_____) _____ Email Address _____

Shirt Size: S M L XL XXL XXXL

MEMBERSHIP: MSO is a non-profit organization that organizes sports competitions, instructional clinics and health & wellness programs for persons 50 plus. All the monies received for hockey goes to the event: facility, officials, and scorekeepers. The membership fee of \$25.00 is an annual fee that covers the calendar year, 1/1/24-12/31/24

You Must Be A 2024 Member To Participate.

Team Name _____

2024 MSO MEMBERSHIP FEE: (Payment by February 15, 2024).....\$25.00 = \$ _____

HOW TO REGISTER: Online Registration available - www.MichiganSeniorOlympics.org
OR mail form and check to MSO, 650 Letica Dr, Rochester MI 48307
Or call the MSO office (Visa and Master Card Accepted) 248-608-0250

Michigan Senior Olympics - Amateur Athletic Waiver and Release of Liability Please Read Before Signing

In consideration of being allowed to participate in any way in the Michigan Senior Olympic, Inc. athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Michigan Senior Olympics, Inc., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.
- 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.
- I also understand that any and all photographs, videos, and audio taken may be used for MSO publicity, promotion, and publications.

Print Your Name _____

Signature _____ Date _____

Emergency Contact _____ Phone _____