



PLAYER CONTRACT

I \_\_\_\_\_, understand and agree to the following obligations I will have with **The Georgia Syndicate** ("**Organization**") for the duration of the 2011-2012 Season. This contract will be valid from the date of acceptance until November 30, 2012.

***For the 2011-2012 Season I will be held to the following requirements:***

1. A copy of this contract will be filed with the AIHL and I will not be released from this contract unless both parties are in a full agreement.
2. This contract may be terminated by the Organization at any time if the team or league feels that I am not following the rules set forth or am displaying unprofessional conduct.
3. I will be required to participate on game days - both on and off rink as instructed by my coaching staff for the duration of the season.
4. I will be required to serve as an instructor at AIHL facilitated camps and clinics and appear/participate as requested by the organization throughout the season at team rallies, events or fundraisers.
5. I will not be permitted to play for any team or league that is not authorized by the Organization.
6. I will wear a solid black helmet during all games for the Organization.

PLAYER FEES

7. I am aware and responsible of the monetary commitment required for participation in the regular AIHL season. I understand that I have the option to pay in full or in installments that I work out with the Organization. Lack of payment by the set deadlines means dismissal from the team.
8. Any player who owes the Organization money will be banned from participating in anyway in not only the AIHL season but also any organized activities at the SGAA Dual Deck Arena by the SGAA Hockey Board of Directors including but not limited to SGAA tournaments, third party tournaments, and recreational leagues until their financial obligations to the Organization are paid in full.

Player Initials: \_\_\_\_\_

9. There will be no financial compensation to me for being a member of the Organization. Instead, repayment of my player paid dues will be based on my participation in promotional programs outlined by the organization - not to exceed the amount paid by me for participation.

#### AIHL NATIONALS

10. No AIHL team is guaranteed a playoff spot in the AIHL Nationals. These spots must be earned.

11. The 2011-2011 AIHL Nationals are scheduled to be held at The Rinks in Huntington Beach, CA on May 25, 26 & 27, 2012 (Memorial Day Weekend).

12. The Elite team with the best end of regular season record will represent the zone at the AIHL Nationals in the Elite Division.

13. The Minor team with the best end of regular season record will represent the zone at the AIHL Nationals in the Minor Division.

14. AIHL National rules dictate all players must have matching uniforms. This includes glove style and color. If my team goes to the AIHL Nationals, I will purchase the team designated brand, style and color gloves at my own expense.

15. The cost associated to attend the AIHL Nationals is not calculated by the Organization into the regular AIHL season player fees.

16. I agree to pay my portion of the team's fees to attend the AIHL Nationals. I also understand that the actual cost of this fee may not be known in full until April 2012.

17. I agree to attend the AIHL Nationals if my team wins it respective zone and division.

18. I will attend a minimum of 14 games during the regular season. If I fail to do so I will not be eligible to participate in the AIHL Nationals and the team will not be allowed to replace my roster position with a substitute.

#### GENERAL LIABILITY

19. I am aware that there is an inherent danger to playing the sport of Inline Hockey. I, the undersigned, as a player or a parent or legal guardian of the above named player, do hereby give my consent, and agree to indemnify and hold harmless the Organization, the South Gwinnett Athletic Association, the American Inline Hockey League, their directors, officers, employees, volunteers, and agents from and against any and all

Player Initials: \_\_\_\_\_

claims, suits, actions, damages, and/or causes of action arising from any personal injury, loss of life, and/or damage to property sustained during the 2010-2011 season.

20. All athletes must have a valid AAU Membership.

21. I hereby provide my consent to the Organization to allow my child to travel to and from any event sponsored by AIHL, including but not limited to tryouts, practices, festivals and National events. I further acknowledge that the Organization does not provide transportation to these events. Private vehicles are used as the primary mode of team transportation. I therefore agree to indemnify and hold harmless any said drivers while they are acting in said capacity for the Organization.

22. No player or coach will make a post on any Internet web site calling out front office, team members or any staff of the Organization. This includes any derogatory remarks in any manner.

23. I will follow the team dress code set forth by the General Manager of the Organization for all team functions, before and after games.

24. If player decides not to fulfill his/her obligation to the Organization all monies paid to the club through that date will be forfeited to the Organization.

25. I agree to keep my uniform clean and washed frequently, and at the end of the season it is my sole responsibility to turn in my uniform directly to the General Manager of the Organization. All uniforms are to be returned by no later than June 30<sup>th</sup> 2012.

26. If my uniform is not returned by the designated date, or is torn, stained or damaged in any way, I will be responsible for the full replacement value of the pieces.

27. I fully understand that if I am in breach of this contract, I will be held accountable to pay damages not to exceed the amount of \$2,000.00 to the Organization.

Player Initials: \_\_\_\_\_

**Player Contract Status:**

I \_\_\_\_\_, accept a two way contract and am willing to play for either of Organization's Elite or Minor American Inline Hockey League teams during the 2011 - 2012 season as seen fit by the Organization.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (If player is under 18):

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

William Schriver  
General Manager  
The Georgia Syndicate

Player Initials: \_\_\_\_\_





MEDIA RELEASE

I \_\_\_\_\_, understand and agree to the use of my:

- Image/likeness (inclusive of photographs, artistic renderings, and video) from AIHL games, practices and promotional events
- Information provided by me as part of my "player information" and "player bio" data
- Quotes or comments as recorded by game day staff reporters or interviewers

*Please note* - The images and videos of players and participants taken at AIHL events become the property of AIHL and Organizations.

AIHL Media Obligation to Players:

The AIHL will respect your safety and privacy when using any of the above to promote the league, Division and Team(s).

Further - No personal contact information - home address, phone, email - will ever be released to any non-AIHL individual. No one under the age of 18 will be released to anyone other than the organization.

AIHL will seek out your validation of quotes and comments when necessary.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date: \_\_\_\_\_  
Parent/Guardian Signature (If player is under 18)

\_\_\_\_\_  
Date: \_\_\_\_\_  
**AIHL** Official

Player Initials: \_\_\_\_\_



MEDICAL RELEASE

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_  
Street Address City ST Zip

**Contact Information**

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In an emergency when parents cannot be reached, please contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Medical Information**

Current Medications: \_\_\_\_\_

Allergies (Please list and include both food and medications): \_\_\_\_\_

Relevant Medical History: \_\_\_\_\_

Player Initials: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Medical Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**PARENT'S APPROVAL AND MEDICAL RELEASE**

I, the undersigned, as parent or legal guardian of the above named player, do hereby give my consent, and agree to indemnify and hold harmless the Georgia Syndicate Hockey Club (hereinafter, "GA Syndicate") and the South Gwinnett Athletic Association (hereinafter, "SGAA"), their directors, officers, employees, volunteers, general managers, coaches and agents from and against any and all claims, suits, actions, damages, and/or causes of action arising from any personal injury, loss of life, and/or damage to property sustained during the 2011-2012 season.

I acknowledge that medical treatment on an emergency basis may be necessary, and further acknowledge that Georgia Syndicate personnel may be unable to contact me for my consent for such emergency medical care. Therefore, I do hereby consent to authorize the adult supervising said event to make medical decisions on my behalf as may be deemed necessary under the existing circumstances.

As parent/legal guardian of the above named child, I have listed any and all current medications, relevant medical history, and allergies to medication relating to said child as follows, and acknowledge that it is my responsibility, as a parent, to inform the general manager or coaches of any pertinent medical information and to have an updated medication permission form on file with the GA Syndicate.

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

All information provided herein will be held confidential, and will be used only for the limited purposes as outlined in this form.

Player Initials: \_\_\_\_\_