

# Viper Field Hockey Summer Camp REGISTRATION FORM

**Hooked on Hockey- June 17<sup>th</sup> -20<sup>th</sup> – 9:00-1:00pm**  
**Game Changer- June 24<sup>th</sup> -27<sup>th</sup> - 9:00-12:00pm**  
**Hooked on Hockey- July 8<sup>th</sup> -11<sup>th</sup> – 9:00-1:00pm**  
**Mini Viper Youth Camp- July 8-10 & July 15<sup>th</sup> -17<sup>th</sup> – 6:00-7:30pm**

**Players Information:** One Registration Form for EACH camper must be submitted

Player's Name: \_\_\_\_\_ Parents/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Cell Phone: \_\_\_\_\_ **Parents EMAIL:** \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

## Camp Dates Attending:

**Hooked on Hockey- June 17<sup>th</sup> -20<sup>th</sup> - \$195.**

**Game Changer- June 24<sup>th</sup> -27<sup>th</sup> - \$195.**

**Hooked on Hockey- July 8<sup>th</sup> -11<sup>th</sup> - \$195.**

**Mini Viper Camp- July 8-10 - \$95**

**Mini Viper Camp- July 15<sup>th</sup> -17<sup>th</sup> - \$95**

\*Sibling discount applies **ONLY** to the additional campers in each family – the first camper pays the Individual Camp Rate  
Email: [viperfieldhockey@comcast.net](mailto:viperfieldhockey@comcast.net) for sibling discounts

**Check made out to:** Viper Field Hockey

\*\* NO Refunds will be issued after 5/31/24

\*\* A \$90 administration fee will be deducted from each refund issued before 5/31/24

**Camp Shirt Size:** \_\_\_\_\_

**TOTAL PAYMENT: \$** \_\_\_\_\_

Check: # \_\_\_\_\_  CC# \_\_\_\_\_

\*3% convenience fee is added to the credit card payment

Exp Date: \_\_\_\_\_ Code# \_\_\_\_\_ Zip Code \_\_\_\_\_

**MAIL REGISTRATION FORM & WAIVER WITH PAYMENT TO:** Viper Sports Club : 832 N Lewis RD Limerick, PA 19468

**FOR OFFICE USE ONLY:** Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check No. \_\_\_\_\_ CC \_\_\_\_\_ SQ \_\_\_\_\_

# WAIVER & MEDICAL FORM

Medical Form for **EACH** camper must be submitted

Player's Name: \_\_\_\_\_ Parents/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Birth date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Cell Phone: \_\_\_\_\_ Parents Work Phone: \_\_\_\_\_

## EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

## Have you have any of the following: Check all that pertain to you

Asthma - Do you use an Inhaler?  Yes  NO  Shortness of Breath/Fainting  Convulsions/Seizures  
 Heart Trouble/Murmur  Severe/Frequent Headaches  Knee Problems  Knee Surgery: \_\_\_\_\_

If any are checked - Please Describe Details: \_\_\_\_\_

Are you allergic to bees?  Yes  NO If yes, do you carry and EpiPen?  Yes  NO

Are you taking any prescription/non-prescription drugs?  Yes  NO Name of Medication: \_\_\_\_\_

Do you have any drug allergies?  Yes  NO If yes, what? \_\_\_\_\_

Other Allergies?  Yes  NO If yes, what? \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INSURANCE COVERAGE:** I, undersigned parent/guardian, hereby acknowledges adequate personal medical insurance coverage for the above named youth. No child will be permitted to play without providing Viper Sports Club with evidence of insurance coverage:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**ASSUMPTION AND RELEASE OF LIABILITY.** Contact sports are inherently dangerous. The undersigned, on behalf of the undersigned and the undersigned's child (collectively "Participant") hereby: (1) assume the risk of personal injury, illness due to bacteria or virus, Covid-19, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities by the Viper Sports Club; (2) release Hooked on Hockey, BH Champion Sports LLC, Winning edge LLC, Viper Field Hockey, Viper Sports Club and its agents, employees, staff members, officers, directors and members (collectively "Hooked on Hockey") from all liability, claims, or responsibility for Injuries to Participant; (3) grant permission for Participant to participate in activities at Hooked on Hockey Camp; and (4) release Hooked on Hockey from injury or illness arising from any good faith acts or omissions in emergency situations. I authorize Hooked on Hockey, its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge Hooked on Hockey, its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I agree that you may photograph and/or videotape my child or me during sports activities and that you retain the right to use these visual images in future literature for Hooked on Hockey without compensation to my child or me. I further agree that you may use my name, my child's name, or any testimonials made by us without limitation in advertising and promoting Hooked on Hockey. I represent that I am over the age of 18 or a parent/guardian of the minor named below, and agree that the grant and release contained there in binds me and the minor of all of its terms

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL RELEASE

a) In the event of injury or sickness, I authorize Hooked on Hockey representatives to transport and admit the above-named youth to a nearby hospital for emergency medical treatment. I authorize said Hospital to commence treatment.

b) The above named player has no known medical limitations (examples - allergies, asthma, diabetes, hearing, sight, etc.) except as follows ( if none, then the word "NONE" must be written in this space): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_