



# 2024 Spring Field Hockey Skills Training: Turf Training

**Sunday Mornings starting April 7<sup>th</sup>**

**DATES:** 4/7, 4/14, 4/21, 4/28, 5/5, 5/19, 6/2, & 6/9

**Ages 7 to 18**

**LOCATION: All Sports Center:**

151 W. Main Street, Upper Providence PA 19426

**Times – 10:30-12:00 (All Ages)**

**FEE for the 8 sessions**

\$450 paid by check

\$475 – Online

**Players will be divided by age groups and skill level**

**Deadline for registration: March 29, 2024**

## **REGISTRATION FORM** - One Form per Participant (please print):

Name of Participant: \_\_\_\_\_

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

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

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Age on 1/1/24: \_\_\_\_\_

Parents Email: \_\_\_\_\_

**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 at the Viper Sports Club; (2) release BH Championship Sports, LLC, Viper Field Hockey LLS, Viper Sports Club, and its agents, employees, staff members, officers, directors and members (collectively "Viper Sports") from all liability, claims, or responsibility for Injuries to Participant; (3) grant permission for Participant to participate in activities at Viper Sports Club; and (4) release Viper Sports from Injury arising from any good faith acts or omissions in emergency situations. I authorize Viper Sports, 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 Viper Sports, its agents, employees, staff members, directors and officers from any responsibility or liability related there to.

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 Viper Sports Club 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 Viper Sports Club. 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 therein binds me and the minor of all of its terms.

Signature: \_\_\_\_\_

Make Check Payable (\$450) to: Viper Sports Club

**Registration Deadline is March 29<sup>th</sup>**

Participants must bring their own stick, mouth guard, shin guards.

**PLEASE SUBMIT ALL REGISTRATION MATERIALS TO:**

Viper Sports Club  
832 N Lewis Rd  
Limerick, PA 19468

**For Additional Information or Questions, Email:** [viperfieldhockey@comcast.net](mailto:viperfieldhockey@comcast.net)

### **For Office Use Only**

Date Paid \_\_\_\_\_

Check Number \_\_\_\_\_

On Line

Amount \$ \_\_\_\_\_