



2022 Viper Field Hockey Spring Travel Team

Viper Club Members U19, U16, & U14 Registration Form

Sunday Mornings starting April 7th.

U19, U16, U14

- **DATES:** 4/7, 4/14, 4/21, 4/28, 5/5, 5/19, 6/2, & 6/9
TIME: 8:30am-10:00am

- **LOCATIONS:**
Far Post Turf Complex
 - 190 Airport Rd. Pottstown, PA 19464
 All Sports Center
 - 1511 W. Main St. Collegeville PA 19462

Practices 4/21 and 4/28 will be at the All Sports Center

Total Cost : \$750

- \$350 – March 29th
- \$200 – April 12th
- \$200 – May 3rd
- **Deadline for registration: March 29th, 2024**

REGISTRATION FORM - U19 U16 U14

Name: _____ Position: _____

Address: _____

City/State: _____ Zip: _____ DOB _____

2023/2024 Indoor Team: _____ 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 viral or bacteria & 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 Champion Sports LLC, Viper Field Hockey Club, 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 there in binds me and the minor of all of its terms.

Signature: _____

Make Check Payable to: Viper Field Hockey

Registration Deadline is March 29th

PLEASE SUBMIT ALL REGISTRATION MATERIALS TO:

Viper Sports Club

832 N Lewis Rd

Limerick, PA 19468

Questions: Email viperclubmember@comcast.net

For Office Use Only

Date Paid _____

Check Number _____

Amount \$ _____