



2024 - 7 v 7 Summer Field Hockey League
Dates: 6/3, 6/5, 6/10, 6/12, 6/17, 6/19, 6/24, & 6/26

Games Played at Eastern University - Wayne Pa
TEAM & INDIVIDUAL REGISTRATION FORM

Registering: [] Team [] Adult Individual Position: [] Forward [] Mid [] Back [] Goalie

Check Division: [] Youth [] High School - Level [] V [] JV [] Adult / Collegiate
[] Middle School

Team Name (if already on a team): # of Players

Contact's Name (if registering as a team):

Contact's Email: Cell Phone #

Players Name:

Street Address:

City: State: Zip:

Cell Phone:

School Name:

Players Email:

***Email will be used as the primary form of communication - Please print email address CLEARLY

PAYMENT INFORMATION

Registration Fee: [] \$110 - Adult Individual Registration ** Individuals who are not part of an organized Adult Team will be placed on an Adult House Team

[] \$1090 - Team (all divisions) ** Players CANNOT register to play on two rosters without paying two registration fees

** Each team must submit a Team Roster Form

Registration Ends: May 22nd

Payment: Check # Cash Date Paid

Please Return This Form To:

* Make check payable to "Viper Field Hockey"

Viper Sports Club*
832 N Lewis Road
Limerick, PA 19468

* Credit Card Payment includes a convenience fee:
\$120 for Individuals / \$1120 for Teams

Card Type: [] VISA [] MASTER CARD

Questions? Email - viperfieldhocke@comcast.net

Name on Credit Card

** ALL payments to the Viper Sports Club are non-refundable unless a program is cancelled by the Viper Sports Club due to insufficient participation

Address:

City: State Zip

Card #

** ALL credit card payments are done through the Viper Sports Club Square account and Includes a Convenience Fee Code # Exp Date Total Amount \$

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, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities by the Viper Sports Club; (2) release BH Championship Sports, LLC, Viper Sports Club, and its agents, employees, staff members, officers, directors and members (collectively "BH Championship Sports") from all liability, claims, or responsibility for Injuries to Participant; (3) grant permission for Participant to participate in activities at BH Championship Sports; and (4) release BH Championship Sports from Injury arising from any good faith acts or omissions in emergency situations. I authorize BH Championship 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 BH Championship Sports, 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 I 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 the 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 (Parent if under 18yrs) Date

FOR OFFICE USE ONLY: Date Deposited Amount Paid Check No. Square Payment Date: