



# 2021-22 Viper Skills Academy Registration Form

Session 1 (U10 & U12): 11/17, 11/24, 12/1, 12/8, 12/15, 12/22 –Wednesday's 6:00-7:00PM

Session 2 (U10 & U12): 12/29, 1/5, 1/19, 1/26, 2/2, 2/9–Wednesday's 6:00-7:00PM

Sessions 1 (U14& U16): 11/16, 11/23, 11/30, 12/7, 12/14, 12/21 – Tuesday's 6:00-7:30PM

Session 2 (U14& U16): 12/28, 1/4, 1/18, 1/25, 2/1, 2/8– Tuesday's 6:00-7:30PM

**Fee for U10& U12 (6 sessions) - \$295**

**Fee for U14 & U16 (6 Sessions) - \$325**

NAME \_\_\_\_\_

Address \_\_\_\_\_

Parents Names \_\_\_\_\_ Parents Cell Phone \_\_\_\_\_

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

School \_\_\_\_\_ Age on 1/1/22 \_\_\_\_\_

Divisions: (circle one)    U16            U14            U12            U10

Session 1: U10&U12     Session 2: U10&U12

Session 1: U14 & U16     Session 2: U14 & U16

**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), Viper Sports Club, BH Championship Sports, LLC, 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 to: Viper Field Hockey

**Registration Deadline is November 12th**

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

Office: 610-495-0999

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

### For Office Use Only

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

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

On Line

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