



2025 - 7 v 7 Summer Field Hockey League

Dates: 6/2, 6/4, 6/9, 6/11, 6/16, 6/18, 6/23, 6/25 & 6/30

Games Played at Eastern University - Wayne Pa

ADULT INDIVIDUAL REGISTRATION FORM

Position: ☐ Forward ☐ Mid ☐ Back ☐ Goalie

Players Name: _____

Player Cell Phone: _____

Players Email: _____

PAYMENT INFORMATION

Registration Fee: ☐ \$50

Registration by May 19th

Payment: Check # _____ Cash _____ Venmo _____

*** Make check payable to Viper Sports Club**

***Venmo : brittney-hickernell**

Please Return This Form To:

Viper Sports Club 832 N Lewis Road Limerick, PA 19468 or email to: viperfieldhockey@comcast.net

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

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 therein 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: _____