



REGISTRATION FORM

CAMP DATES: June 19th – 23rd

Camp Rate - Full Day: \$240 per camper Half Day: \$160 per camper

DUE BY June 2, 2017

Sibling Discounts Available

2017 Camp is located at The All Sports Center at Upper Providence: 1511 W. Main St Upper Providence, PA 19426

All correspondence will be by email - please use current email addresses.

▶ Check email & website for updates: www.ViperSportsClub.com

Players Information: One Registration Form for EACH camper must be submitted

Player's Name: _____ Parents/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parents Cell Phone: _____

Parents EMAIL: _____

Grade in Sept '17: ____ **DOB:** _____ **Age on 1/01/2017:** ____ **Years of Exp.:** ____ **Position:** _____

School: _____

Coach's Name: _____ **Coach's Email:** _____

Individual Camper: Full Day: \$240 Half Day: \$160 **Half Day - Circle One:** Field Hockey (am)
Lacrosse (pm)

Sibling Discount*: Full Day: \$230 Half Day: \$150

***Sibling discount applies ONLY to the additional campers in each family – the first camper pays the Individual Camp Rate**

Check made out to: Viper Sports Club

Camp T Shirt Size: YL YXL Adult S Adult M Adult L Adult XL

TOTAL PAYMENT: \$ _____ ***On Line Payment Available**

Check: # _____ VISA* MASTERCARD* # _____

*3% convenience fee is added to the credit card payment Exp Date: _____ Code# _____

On Line Payment Cash

MAIL REGISTRATION FORM & WAIVER WITH PAYMENT TO: Viper Sports Club 832 N Lewis RD Limerick, PA 19468

FOR OFFICE USE ONLY: Date Received _____ Amount Paid _____ Check No. _____ CC _____ SQ _____

Viper Sports Club ✦ 832 N Lewis Rd ✦ Limerick, PA 19468 ✦ Phone: 610-495-0999 ✦ Email: vipersportsclub@comcast.net
Website: vipersportsclub.com



WAIVER @ MEDICAL FORM

CAMP DATES: June 19th – 23rd

Medical Form for EACH camper must be submitted

Player's Name: _____ Parents/Guardian Name: _____

Street Address: _____ Birth date: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Players Cell Phone: _____

Parents Cell Phone: _____ Parents Work Phone: _____

School: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

DAY PHONE: _____ CELL PHONE: _____

Have you have any of the following: Check all that pertain to you

- Asthma - Do you use an Inhaler? Yes NO Shortness of Breath/Fainting Convulsions/Seizures
- Heart Trouble/Murmur Severe/Frequent Headaches Knee Problems Knee Surgery: _____

If any are checked - Please Describe Details: _____

Are you allergic to bees? Yes NO If yes, Do you carry and EpiPen? Yes NO

Are you taking any prescription/non-prescription drugs? Yes NO Name of Medication: _____

Do you have any drug allergies? Yes NO If yes, what? _____

Other Allergies? Yes NO If yes, what? _____

Personal Physician: _____ Phone: _____

HEALTH INSURANCE COVERAGE: I, undersigned parent/guardian, hereby acknowledges adequate personal medical insurance coverage for the above named youth. No child will be permitted to play without providing Viper Sports Club with evidence of insurance coverage:

Parent/Guardian Signature _____ Date _____

Health Insurance Company: _____ Policy Number: _____

Name of Primary Insured: _____ Expiration Date: _____

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 Game Changer Camp, and its agents, employees, staff members, officers, directors and members (collectively "Game Changer") from all liability, claims, or responsibility for Injuries to Participant; (3) grant permission for Participant to participate in activities at Game Changer Camp; and (4) release Game Changer from Injury arising from any good faith acts or omissions in emergency situations. I authorize Game Changer, 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 Game Changer, 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 me during sports activities and that you retain the right to use these visual images in future literature for Game Changer 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 Game Changer. 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

Parent/Guardian Signature _____ Date _____

MEDICAL RELEASE

a) In the event of injury or sickness, I authorize Game Changer representatives to transport and admit the above named youth to a nearby hospital for emergency medical treatment. I authorize said Hospital to commence treatment.

b) The above named player has no known medical limitations (examples - allergies, asthma, diabetes, hearing, sight, etc.) except as follows (if none, then the word "NONE" must be written in this space): _____

Parent/Guardian Signature _____ Date _____