



2018 Spring Field Hockey Goalie Academy

- **Dates:** Monday: 4/9, 4/16, 4/23, 5/14, 5/21 - At the Viper Sports Club
- **Sunday: 5/20 - All Sports Center:**
 - 151 W. Main Street, Upper Providence PA 19426
- All training will run for **6** sessions
- **At Viper:**
 - **U10, U12 & U14 Goalies (Ages 8 – 13)** 6:30pm – 8:00pm
 - **U16 & U19 Goalies (Ages 14 – 18)** 6:30pm – 8:00pm
- **All Sports Center:**
 - **U12 & U14 Goalies** - 4:00pm – 5:30pm
 - **U16 & U19 Goalies** - 5:30pm – 7:00pm
- **Cost for the 6 -week session**
 - \$250 paid by check
 - \$260 on line at Vipersportsclub.com in the Skills Training link)
- **Deadline for payment: April 5, 2018**



REGISTRATION FORM - One Form per Participant (please print):

Name of Participant: _____

Address: _____

City/State: _____ Zip: _____ Yrs of Exp: _____

Parents Cell: _____ Players Cell: _____

School Name _____ Grade _____ Age on 1/1/18: _____

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, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities at the Viper Sports Club; (2) release Winning Edge Sports, LLC, 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 (\$250) to: Viper Sports Club

Registration Deadline is April 5th

PLEASE SUBMIT ALL REGISTRATION MATERIALS TO:

Viper Sports Club
832 N Lewis Rd
Limerick, PA 19468
PHONE: 610-495-0999
FAX: 610-495-0995

Any Questions – Conchi at Email: viperclubmember@comcast.net

| For Office Use Only | |
|---------------------|-------|
| Date Paid | _____ |
| Check Number | _____ |
| Amount \$ | _____ |