



2019 – 2020 Viper Field Hockey Club Team Team Placement Evaluation - Registration Form

Evaluations for the 2020 Indoor Season will be held on the following days in August and September. The evaluations will be held at our facility the Viper Sports Club - Limerick, PA. Directions to the Viper Sports Club can be found on our facility web site: www.vipersportsclub.com or the team web site: www.viperfieldhockey.com

The U-16 and the U-19 evaluations will have two dates, the first on Sunday August 18th and the second on Sunday August 25th. The U19 will try out from 4:00 to 6:00 pm, followed by the U16s from 6:30 to 8:30 pm on BOTH days. The cost for the Evaluation is \$35.00 if you pre-register by mail before August 16th. Two-Day Discount rate of \$60.00. **Athletes may attend one or both of the evaluation dates.** Please arrive 20 minutes early to sign in or to register.

The U-14, U12 & U10 evaluations will be held on two dates - Sunday September 8th and Sunday September 15th. The U10 & U12 will try out from 4:00 to 5:30 pm and the U14s from 6:00 to 8:00 pm on both days. The cost for the Evaluation is \$30.00 (U14) & \$25 (U12/10) if you pre register by mail before September 6th. Two-Day Discount rate of \$50.00(U14) & \$40 (U12/U10). **Athletes may attend one or both of the evaluations.** Please arrive 20 minutes early to sign in or to register.

- Evaluations are used for Team Placement
- An email will go out within 1 week of the final evaluation dates with the invitation to join the club.
- Any questions: Please email us at viperfieldhockey@comcast.net or call the office: 610-495-0999
- **Registration Forms CAN BE brought in person to the Tryout**

Register with a Friend and receive a \$20 credit towards your 2019 Club fee!! Friends Name: _____
(Cannot be a current Viper Club member or sibling)

2019 – 2020 Evaluation Dates:

Sunday 8/18 & 8/25
U19: 4 - 6pm
U16: 6:30 – 8:30pm

Sunday 9/8 & 9/15
U12/10: 4 – 5:30pm
U14: 6 - 8pm

Choose Evaluation Date(s):

- U19:** August 18th (\$35) **U19:** August 25th (\$35) **U19:** August 18th & 25th (\$60)
- U16:** August 18th (\$35) **U16:** August 25th (\$35) **U16:** August 18th & 25th (\$60)
- U12** **U10:** September 8th (\$25) **U12** **U10:** September 15th (\$25)
- U12** **U10:** September 8th & 16th (\$40)
- U14:** September 8th (\$30) **U14:** September 15th (\$30) **U14:** September 8th & 15th (\$50)

Position: **Field Player** **Goalie** **Yrs of Exp:** _____ **Former Club:** _____
(if applicable)

Name: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____

Parents Name _____

Parents Cell #: _____

Parents Email: _____

Please write clearly as this will be how we will send the confirmation information

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.

Parents Signature: _____

➔ **Make Check Payable to: Viper Field Hockey**

➔ **PLEASE MAIL REGISTRATION FORM TO:**

Viper Sports Club
832 N Lewis Rd
Limerick, PA 19468
PHONE: 610-495-0999 Email: viperfieldhockey@comcast.net

For Office Use Only

Date Paid _____

Check Number _____

Amount \$ _____