

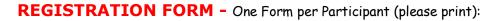
2019 Spring Field Hockey Skills Training: Turf Training

The Viper Sports Club will be holding Spring Field Hockey Training Sessions. Instruction will be given by the Viper Field Hockey Coaching Staff, which is comprised of college coaches and former collegiate FH players. Outdoor Skills will be taught – minimal scrimmaging.

- Sunday Afternoons starting March 31st
- DATES: 3/31, 4/7, 4/14, 4/28, 5/5, 5/12, 5/19, 6/2
- Ages 7 to 18
- LOCATION: All Sports Center:
 - 151 W. Main Street, Upper Providence PA 19426
- All training sessions will run for 8 weeks
- Ages 7 to 13: 4:30pm 6:00pm
- Ages 14 to 18: 6:00pm 7:30pm
- Cost for the 8 sessions

PHONE: 610-495-0999 FAX: 610-495-0995

- \$325 paid by check
- \$335 On Line on vipersportsclub.com in the Field Hockey Training Link
- Players will be divided by age groups and skill level
- Deadline for registration: March 28, 2019



For Additional Information or Questions, Email: vipersportsclub@comcast.net

ALL TRAINING SESSION INFORMATION CAN BE FOUND AT: www.ViperSportsClub.com

Name of Participant:		Position:	
Address:			
City/State:	Zip:		_ Yrs of Exp:
Home Phone:	Cell Phone:_		
School Name		_Grade	Age on 1/1/19:
Parents Email:			
Edge Sports, LLC, Viper Sports Club, and its agents, empl Participant; (3) grant permission for Participant to participa situations. I authorize Viper Sports, its agents, employees, discharge Viper Sports, its agents, employees, staff memb I agree that you may photograph and/or videotape my child compensation to my child or me. I further agree that you m represent that I am over the age of 18 or a parent/guardian	mage, or other loss (collectively "Injuries") to the Particip oyees, staff members, officers, directors and members(te in activities at Viper Sports Club, and (4) release Vipe staff members, directors and officers to take whatever ers, directors and officers from any responsibility or liab d or me during sports activities and that you retain the ri- ay use my name, my child's name, or any testimonials in of the minor named below, and agree that the grant and	nant arising from or relaticollectively "Viper Sport From Injury arisaction is necessary, in the little that there to got to use these visual in adde by us without limit d release contained the	ted to activities at the Viper Sports Club; (2) release Winning s") from all liability, claims, or responsibility for Injuries to sing from any good faith acts or omissions in emergency neir best judgment, in an emergency and I hereby release mages in future literature for Viper Sports Club without ation in advertising and promoting Viper Sports Club. I
Signature:(\$235) to			For Office Use Only
Make Check Payable (\$325) to: \			Tor office osc omy
Registration Deadline is March 28 th Participants must bring their own stick, mouth guard, shin guards. PLEASE SUBMIT ALL REGISTRATION MATERIALS TO:			Date Paid
Viper Sports Club 832 N Lewis Rd	TERMICO TO:		Check Number
Limerick, PA 19468			Amount \$