



# 2020 Spring Field Hockey Goalie Academy

U10, U12, U14: Ages 7 - 13

U16, U19: Ages 14 - 18

- Dates: **Tuesday: 4/7, 4/21, 4/28, 5/5, 5/12, 5/19**

- At the Viper Sports Club
  - 832 N Lewis Road  
Limerick, PA 19468

**Sunday: 5/3 & 5/31**

- All Sports Center:
  - 151 W. Main Street,  
Collegetown, PA 19426

- All training will run for **8 sessions**
- **At Viper Sports Club - Tuesdays:**
  - **Goalies Ages 7 - 13:** 6:30 – 7:30pm
  - **Goalies Ages 14 - 18:** 7:30 – 9:00pm
- **All Sports Center – Sunday 5/3 & 5/31:**
  - **Goalies Ages 7 – 13:** 3:00pm – 4:00pm
  - **Goalies Ages 14 – 18:** 4:00pm – 5:30pm
- **Cost for the 8-week session**
  - **Ages 7 – 13:** \$325 paid by check
  - **Ages 14 - 18:** \$350 paid by check
  - Pay On-Line at [Vipersportsclub.com](http://Vipersportsclub.com) in the Skills Training Link which includes a convenience fee.
- **Deadline for Registration: April 1, 2020**



**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 1/1/20: \_\_\_\_\_

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 to: Viper Sports Club

**Registration Deadline is April 1<sup>st</sup>**

**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: [viperfieldhockey@comcast.net](mailto:viperfieldhockey@comcast.net)**

### For Office Use Only

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_

Paid on Line

Amount \$ \_\_\_\_\_