



2020 - 7 v 7 Summer Field Hockey League
Updated Dates: 7/6, 7/8, 7/13, 7/15, 7/27, 7/29, 8/3, 8/5

Games Played at Eastern University - Wayne Pa

TEAM & INDIVIDUAL REGISTRATION FORM

Registering: [] Team [] Adult Individual Position: [] Forward [] Mid [] Back [] Goalie

Check Division: [] Youth [] High School - Level [] V [] JV [] Adult / Collegiate
[] Middle School

Team Name (if already on a team): _____ # of Players _____

Contact's Name (if registering as a team): _____

Contact's Email: _____ Cell Phone # _____

Players Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

School Name: _____

Players Email: _____

***Email will be used as the primary form of communication - Please print email address CLEARLY

PAYMENT INFORMATION

Registration Fee: [] \$110 - Adult Individual Registration ** Individuals who are not part of an organized Adult Team will be placed on an Adult House Team

New Team Price [] \$995 - Team (all divisions) ** Minimum 10 per team. Players CANNOT register to play on two rosters without paying two registration fees

Registration Ends: June 27th ** Each team must submit a Team Roster Form

Payment: Check # _____ Cash _____ Date Paid _____

Please Return This Form To:

* Make check payable to "Viper Sports Club"

Viper Sports Club*
832 N Lewis Road
Limerick, PA 19468

* Credit Card Payment includes a convenience fee:
\$117 for Individuals / \$1026 for Teams
Card Type: [] VISA [] MASTER CARD

Questions? Phone 610-495-0999

Name on Credit Card _____

** ALL payments to the Viper Sports Club are non-refundable unless a program is cancelled by the Viper Sports Club due to insufficient participation

Address: _____

City: _____ State _____ Zip _____

** ALL credit card payments are done through the Viper Sports Club Square account and Includes as 3.1% Convenience Fee

Card # _____

Code # _____ Exp Date _____ Total Amount \$ _____

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 or illness, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities by the Viper Sports Club; (2) release Winning Edge Sports, LLC, Viper Sports Club, and its agents, employees, staff members, officers, directors and members (collectively "WINNING EDGE") from all liability, claims, or responsibility for Injuries or illnesses to Participant; (3) grant permission for Participant to participate in activities at Winning Edge Sports Center; and (4) release WINNING EDGE from Injury arising from any good faith acts or omissions in emergency situations. I authorize WINNING EDGE, 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 WINNING EDGE, 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 I 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 the 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 (Parent if under 18yrs) _____ Date _____

FOR OFFICE USE ONLY: Date Deposited _____ Amount Paid _____ Check No. _____ Square Payment Date: _____