



Viper Sports Club 2019 Fall Goalie Academy

Head Trainer: Steve Wagner: Goalkeeping 1-on-1

- **U10, U12, U14, U16, U19 Goal Keepers**
- **Dates:** 10/9(Wed), 10/16(Wed), 10/27(Sun), 10/30 (Wed)
- **Location:** [Viper Sports Club](#)
- All training will run for **4 sessions**
- **Group 1:** 7:00 – 8:00pm
Group 2: 8:00 – 9:00pm
 - Goalies will be broken up into two groups to allow more reps and small group instruction
 - Groups will be set once registration ends and we know the number of goalies training
- **Fee for the 4 sessions: \$325**
 - Payment can be made On-Line at [Vipersportsclub.com](#) in the Skills Training Link
 - On-line payment includes a convenience fee.
- **Deadline for payment: October 2, 2019**

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

Division: U10 U12 U14 U16 U19

Name of Participant: _____

Address: _____

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

Parents 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 October 2nd

PLEASE SUBMIT ALL REGISTRATION MATERIALS TO:

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

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

For Office Use Only

Date Paid _____

Check Number # _____

Paid on Line

Amount \$ _____