



2022 NEW! 7V7 Training

Viper U10 & U12 Registration Form

- **Monday Evenings starting March 27th**
- **Group 1: U10 & U12**
 - **DATES:** 3/27, 4/3, 4/10, 4/24, 5/1, 5/15, 5/22, 6/5, 6/12
 - **TIME:** 5:30PM -7:00PM

- **LOCATIONS: Far Post Turf Complex**
 - 190 Airport Rd. Pottstown, PA 19464
- **Total Turf (Tournaments):**
614 Lambs Rd. Pittman NJ 08071



Tournament Dates: (Subject to Change)

- April 30th
- May 14th
- June 4th
- June 11th

Any extra tournament added beyond these 4 are at an additional cost

- \$325 paid by check
- **Deadline for registration: March 23rd, 2022**

REGISTRATION FORM - U10 U12

Name: _____ Position: _____

Address: _____

City/State: _____ Zip: _____ DOB _____

Parents Cell Phone: _____

2021/2022 Indoor Team(if applicable): _____ **Age on 1/1/23** _____

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, illness due to viral or bacterial & Covid-19, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities at the Viper Sports Club; (2) release BH Champion Sports LLC, Viper Field Hockey Club, 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 therein binds me and the minor of all of its terms.

Signature: _____

Make Check Payable (\$325) to: Viper Field Hockey

Registration Deadline is March 23rd

Participants must bring their own stick, mouth guard, shin guards.

PLEASE SUBMIT ALL REGISTRATION MATERIALS TO:

Viper Sports Club
832 N Lewis Rd
Limerick, PA 19468

PHONE: 610-495-0999 **Questions:** Email viperfieldhockey@comcast.net

For Office Use Only

Date Paid _____

Check Number _____

Amount \$ _____