



2020 Field Hockey FALL Turf Training

The Viper Sports Club will be holding Field Hockey Turf 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 September 13th**
- **DATES:** 9/20, 9/27, 10/4, 10/11, 10/18, 10/25, 11/1
- Ages 7 to 18
- **LOCATION: The All Sports Center:**
 - 151 W. Main Street, Upper Providence PA 19426
- All training sessions will run for 7 weeks
- **Ages 7 to 13:** 1:00pm – 2:30pm
- **Ages 14 to 18:** 2:30pm – 4:00pm
- **Cost for the 7 sessions**
 - \$325 paid by check
 - \$336 - On Line at www.vipersportsclub.com in the Field Hockey Training Link
- Players will be divided by age groups then by skill level
- Deadline for registration: **September 17, 2020**

Check Age Group You Are Registering For:

- Age: 7 – 9
- Age: 10 – 11
- Age: 12 – 13
- Age: 14 – 15
- Age: 16 - 18

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

Name of Participant: _____ Position: _____

Address: _____

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

Home Phone: _____ Cell Phone: _____

School Name _____ Grade _____ Age on 1/1/21: _____

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/viruses, 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/illnesses to Participant; (3) grant permission for Participant to participate in activities at Viper Sports Club; and (4) release Viper Sports from injury or illness/viruses 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 Sports Club

Registration Deadline is September 17th

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

PLEASE SUBMIT ALL REGISTRATION MATERIALS TO:

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

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

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

For Office Use Only

Date Paid _____

Check Number _____

Amount \$ _____