



NEW DATES: REGISTRATION FORM

CAMP DATES: July 27th – 31st & August 3rd – 7th

TIMES: Mon-Thurs: 9am – 3pm and Fri: 9am – 1pm

Camp Fee - \$195 per camper per week DUE BY July 17, 2020

Early Registration and Sibling Discounts Available until 7/1

2020 Camp is located at The Viper Sports Club– 832 N Lewis Road – Limerick PA

All correspondence will be by email - please use current email addresses.

➤ Check email & website for updates: www.ViperSportsClub.com

Players Information: One Registration Form for EACH camper must be submitted

Player's Name: _____ Parents/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parents Cell Phone: _____

Parents EMAIL: _____

Grade in Sept '20: ____ **DOB:** _____ **Age on 1/01/2020:** ____ **Years of Exp.:** ____ **Position:** _____

School: _____

Coach's Name: _____ **Coach's Email:** _____

➤ **Camp Dates Attending:** **June 27th – 29th** **August 3rd – 7th**

Individual Camper: 1 Week Paid in Full: \$195 \$185 – 1 Week REGISTERED & PAID in Full BY 7/1

2 Weeks Paid in Full: \$380 \$370 – 2 Week REGISTERED & PAID in Full BY 7/1

Sibling Discount*: 1 Week Paid in Full: \$180 \$175 – 1 Week REGISTERED & PAID in Full BY 7/1

2 Weeks Paid in Full: \$360 \$350 – 2 Week REGISTERED & PAID in Full BY 7/1

*Sibling discount applies ONLY to the additional campers in each family – the first camper pays the Individual Camp Rate

Check made out to: Viper Sports Club

** NO Refunds will be issued after 7/1/20

** A \$90 administration fee will be deducted from each refund issued before 7/1/20

Camp Reversible Pinnie Size: XS S/M L/XL

TOTAL PAYMENT: \$ _____ ***On Line Payment Available**

Check: # _____ VISA* MASTERCARD* # _____

*3% convenience fee is added to the credit card payment Exp Date: _____ Code# _____

On Line Payment Cash

MAIL REGISTRATION FORM & WAIVER WITH PAYMENT TO: Viper Sports Club 832 N Lewis RD Limerick, PA 19468

FOR OFFICE USE ONLY: Date Received _____ Amount Paid _____ Check No. _____ CC _____ SQ _____



NEW DATES: WAIVER & MEDICAL FORM

CAMP DATES: July 27th – 29th August 3rd – 7th

Medical Form for EACH camper must be submitted

Player's Name: _____ Parents/Guardian Name: _____

Street Address: _____ Birth date: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Players Cell Phone: _____

Parents Cell Phone: _____ Parents Work Phone: _____

School: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

DAY PHONE: _____ CELL PHONE: _____

Have you have any of the following: Check all that pertain to you

- Asthma - Do you use an Inhaler? Yes NO Shortness of Breath/Fainting Convulsions/Seizures
- Heart Trouble/Murmur Severe/Frequent Headaches Knee Problems Knee Surgery: _____

If any are checked - Please Describe Details: _____

Are you allergic to bees? Yes NO If yes, Do you carry and EpiPen? Yes NO

Are you taking any prescription/non-prescription drugs? Yes NO Name of Medication: _____

Do you have any drug allergies? Yes NO If yes, what? _____

Other Allergies? Yes NO If yes, what? _____

Personal Physician: _____ Phone: _____

HEALTH INSURANCE COVERAGE: I, undersigned parent/guardian, hereby acknowledges adequate personal medical insurance coverage for the above named youth. No child will be permitted to play without providing Viper Sports Club with evidence of insurance coverage:

Parent/Guardian Signature _____ Date _____

Health Insurance Company: _____ Policy Number: _____

Name of Primary Insured: _____ Expiration Date: _____

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, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities by the Viper Sports Club; (2) release Hooked on Hockey, and its agents, employees, staff members, officers, directors and members (collectively "Hooked on Hockey") from all liability, claims, or responsibility for Injuries to Participant; (3) grant permission for Participant to participate in activities at Hooked on Hockey Camp; and (4) release Hooked on Hockey from Injury or illness arising from any good faith acts or omissions in emergency situations. I authorize Hooked on Hockey, 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 Hooked on Hockey, 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 me during sports activities and that you retain the right to use these visual images in future literature for Hooked on Hockey 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 Hooked on Hockey. 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

Parent/Guardian Signature _____ Date _____

MEDICAL RELEASE

a) In the event of injury or sickness, I authorize Hooked on Hockey representatives to transport and admit the above named youth to a nearby hospital for emergency medical treatment. I authorize said Hospital to commence treatment.

b) The above named player has no known medical limitations (examples - allergies, asthma, diabetes, hearing, sight, etc.) except as follows (if none, then the word "NONE" must be written in this space): _____

Parent/Guardian Signature _____ Date _____



VIPER SPORTS CLUB: Activities Participation Agreement
RELEASE / ASSUMPTION OF RISK / PARENTAL CONSENT



In consideration of being permitted to participate, in any way, in any and all activities at Viper Sports Club 832 N Lewis Road Limerick, PA 19468 (the building, and surrounding parking lot, hereinafter referred to as "Premises"), including as a spectator and by mere permitted access to the aforementioned premises (hereinafter referred to as "Activity"), I, for myself, my personal representatives, assigns, heirs and next of kin, as well as a parent, legal guardian and/or adult responsible for the minors that I have brought upon the aforementioned Premises, do hereby agree as follows:

- 1. I acknowledge, agree and represent that I understand the nature of the activities that are conducted upon the Premises and that both I, and the minors that I brought upon the Premises, are qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, that I will immediately discontinue further participation by myself and/or the aforesaid minors in the said Activity and will immediately notify a staff person of same.
2. I fully understand that any and all Activities on the said Premises, including as a spectator, involve risks and dangers of serious bodily injury, including illness, permanent disability, paralysis and death (hereinafter referred to as "Risks"). I understand that these Risks and dangers may be caused by any of my own actions or inactions, or those by the aforesaid minors or others upon said Premises, as well as the negligence of Viper Field Hockey and Viper Sports Club (hereinafter referred to, collectively, as "Viper Sports Club"). I knowingly and freely accept and assume all such Risks and all responsibility for such losses, costs and damages that may be incurred by myself, or the minors for whom I have responsibility, as a result of my participation and/or spectatorship, or that of the aforesaid minors in the Activity. Despite such risk, I willingly agree to participate in Activities at the Viper Sports Club and comply with the terms and conditions for participation in the activities at the Viper Sports Club, which I acknowledge receiving and understand completely.
3. I hereby release, discharge and covenant not to sue the aforesaid Viper Sports Club, its respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, sponsors, advertisers and the owner and lessor/lessees of the said Premises upon which the Activity took place, on behalf of myself and for the aforesaid minors for whom I have taken responsibility, from all liability, claims, demands, losses or damages on my account, or on account of the said minors, caused or alleged to be caused, in whole or in part, by the negligence of Viper Sports Club, of the participants, etc., or otherwise, including negligent rescue operations. I further agree that if, despite this Release, I, or anyone on my behalf or on behalf of the aforesaid minors for which I have taken responsibility, makes a claim against Viper Sports Club, I will indemnify, save and hold harmless Viper Sports Club from any litigation expenses, attorney's fees, loss, liability, damage or cost which may occur as a result of such claim. I give my consent to the aforesaid Viper Sports Club, and its representatives, agents, employees, staff persons, etc., to obtain medical care from any licensed physician, hospital, emergency medical technician, registered nurse, etc. for myself and/or any of the aforesaid minors for whom I have responsibility, for any injury that could arise from participation in any Activity upon the aforesaid Premises.
4. I also give permission for myself as well as for any and all minors that I have brought upon the Premises for the free use of my name and/or picture and/or video and/or likeness, or that of the aforesaid minors that I brought upon the Premises, in any broadcast, telecast, any media account, or in any form of advertisement, or any other record for legitimate use.
5. I HAVE READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS ON BEHALF OF MYSELF, AS WELL AS ANY AND ALL MINORS BROUGHT UPON THE PREMISES, BY SIGNING SAME, AND THAT I HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. I agree that the laws of the Commonwealth of Pennsylvania shall apply to the interpretation of this Release and that any and all disputes regarding same shall be conducted in the Montgomery County Court of Common Pleas, Norristown, Montgomery County, Pennsylvania.

Date: _____

Printed name of participant: _____

Printed name of parent / legal guardian/ adult responsible if player under age 18: _____

Address: _____

City: _____ State: _____ Zip _____

Parents E-mail _____

Home Phone _____ Cell Phone _____

Participant: Age _____ Date of Birth: _____ Gender Female / Male

School _____

Signature of participant (only if age 18 or over) or of parent/legal guardian/adult responsible for minor:

X _____