



2017 - 7 v 7 Summer Field Hockey League

Dates: 6/5, 6/7, 6/12, 6/14, 6/19, 6/21, 7/10, 7/11

Games Played at Eastern University - Wayne Pa

TEAM & INDIVIDUAL REGISTRATION FORM

Registering: ☐ Team ☐ Individual **Position:** ☐ Forward ☐ Mid ☐ Back ☐ Goalie

Check Division: ☐ Middle School ☐ High School - Level ☐ V ☐ JV ☐ Adult / Collegiate

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: _____

Home Phone: _____ Cell Phone: _____

School: _____

Players Email: _____

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

PAYMENT INFORMATION

Registration Fee: ☐ \$110 - Individual Registration ** Individuals will be placed on a Team.

☐ \$1080 - Team ** Minimum 10 per team. Players CANNOT register to play on two rosters without paying two registration fees.

Registration Ends: May 28th

** Each team must submit a Team Roster Form

Payment: Check # _____ Cash _____ Date Paid _____

Please Return This Form To:

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

Questions? Phone 610-495-0999

* Make check payable to Viper Sports Club

* Fax Number (610) 495-0995

* **Credit Card Payment includes a convenience fee:**
\$117 for Individuals / \$1112 for Teams

Card Type: ☐ VISA ☐ MASTER CARD

Name on Credit Card _____

Address: _____

City: _____ State _____ Zip _____

Card # _____

Code # _____ Exp Date _____ Total Amount \$ _____

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

** ALL credit card payments are done through the Viper Sports
Club Square account

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 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 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. _____ PayPal Date: _____