



# REGISTRATION FORM

**CAMP DATES: June 24<sup>th</sup> – 28<sup>th</sup>**

**Camp Fee: \$225 per camper    Sibling Discount: \$215 per sibling**

**DUE BY June 14, 2019**

**2019 Camp is located at The All Sports Center at Upper Providence:** 1511 W. Main St Upper Providence, PA 19426

**Monday - Thursday: 9am -3pm / Friday: 9am – 1pm**

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

➤ Check email & website for updates: [www.ViperSportsClub.com](http://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 '19:** \_\_\_\_ **DOB:** \_\_\_\_ **Age on 1/01/2019:** \_\_\_\_ **Years of Exp.:** \_\_\_\_ **Position:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Coach's Name:** \_\_\_\_\_ **Coach's Email:** \_\_\_\_\_

**Individual Camper:**  \$225 (check or cash)    Payment Available On Line: [www.vipersportsclub.com](http://www.vipersportsclub.com)

**Sibling Discount\*:**  \$215 (check or cash)

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

**Check Payable to:** Viper Sports Club

**Camp Shirt Size:**  XS     S / M     L/XL

**TOTAL PAYMENT: \$** \_\_\_\_\_ **\*On Line Payment Available:** [www.vipersportsclub.com](http://www.vipersportsclub.com)

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 \_\_\_\_\_

**Viper Sports Club** ✦ 832 N Lewis Rd ✦ Limerick, PA 19468 ✦ Phone: 610-495-0999 ✦ Email: [vipersportsclub@comcast.net](mailto:vipersportsclub@comcast.net)  
Website: [vipersportsclub.com](http://vipersportsclub.com)



# WAIVER @ MEDICAL FORM

**CAMP DATES: June 24<sup>th</sup> – 28<sup>th</sup>**

**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, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities by the Viper Sports Club; (2) release Game Changer Camp, and its agents, employees, staff members, officers, directors and members (collectively "Game Changer") from all liability, claims, or responsibility for Injuries to Participant; (3) grant permission for Participant to participate in activities at Game Changer Camp; and (4) release Game Changer from Injury arising from any good faith acts or omissions in emergency situations. I authorize Game Changer, 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 Game Changer, 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 Game Changer 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 Game Changer. 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 Game Changer 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 \_\_\_\_\_