



2019 Spring Field Hockey Goalie Academy

Head Trainer: Steve Wagner – Goalkeeping 1-on-1

- **U10, U12, U14, U16, U19 Goal Keepers**
- **Location: Viper Sports Club – 832 N Lewis Road, Limerick PA 19468**
- **Dates: Wednesday: 4/10, 4/17, 4/24, 5/8, 5/15, 5/22**

All training will run for **6 sessions**

- **Wednesdays:**
 - **U10, U12 & U14 Goal Keepers:** 7:00 – 8:00pm
 - **U16 & U19 Goal Keepers:** 7:00 – 8:30pm
- **Fee for the 6-week session**
 - U10, U12 & U14: \$350 paid by check
 - U16 & U19: \$450 paid by check
 - Pay On-Line at Vipersportsclub.com in the Skills Training Link (includes a convenience fee)
- **Deadline for payment: April 5, 2019**



REGISTRATION FORM - One Form per Participant

Please print:

Name of Participant: _____

Address: _____

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

Parents Cell: _____ Players Cell: _____

School Name _____ Grade _____ Age on 1/1/19: _____

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, 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 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 there in binds me and the minor of all of its terms.

Signature: _____

Make Check Payable to: Viper Sports Club

Registration Deadline is April 5th

PLEASE SUBMIT ALL REGISTRATION MATERIALS TO:

Viper Sports Club

832 N Lewis Rd

Limerick, PA 19468

PHONE: 610-495-0999

Any Questions – Conchi at Email: vipersportsclub@comcast.net

For Office Use Only

Date Paid _____

Check Number # _____

Paid on Line

Amount \$ _____