



# Spring Field Hockey Goalie Training Session

The Viper Sports Club will be holding Spring Field Hockey 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 – no scrimmaging

- **Wednesday Nights starting April 11<sup>th</sup> and end on May 30<sup>th</sup>.**
- **The training session will run for 8 weeks from 7:00pm – 8:30pm**
- **Cost for the 8-week session is \$175 per player.**
- **Players will be divided by age groups**
- **Deadline for registrations will be April 6, 2012.**



## REGISTRATION FORM

One Form per Participant (please print):

Age Group (check one):  U19 (age 18-16)  U16 (age15 – 14)  U14 (age 13 – 12)  U12 (age11 – 8)

Name of Participant: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

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 (\$150) to: Viper Sports Club**  
**Registration Deadline is March 31<sup>st</sup>**

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

**PLEASE SUBMIT ALL REGISTRATION MATERIALS TO:**

Viper Sports Club  
832 N Lewis Rd  
Limerick, PA 19468  
PHONE: 610-495-0999  
FAX: 610-495-0995

**For Additional Information or Questions, Email: [vipersportsclub@comcast.net](mailto:vipersportsclub@comcast.net)**  
**ALL TRAINING SESSION INFORMATION CAN BE FOUND AT: [www.ViperSportsClub.com](http://www.ViperSportsClub.com)**

<b>For Office Use Only</b>
Date Paid _____
Check Number _____
Amount \$ _____