



# Greater Boston Vipers, LLC

## Camp Registration

Camp: \_\_\_\_\_

*For Internal Use:*

Amt Paid:		Cash
		Check
		PayPal
Attendance Code:	FT 6P WO MC TD	

### Player Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Team: \_\_\_\_\_

Shoots:  Left      Position:  Forward  
 Right       Defense  
 Goaltender

### Parent/Guardian Information:

Parent(s) Name(s): \_\_\_\_\_

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

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

Phone(1): \_\_\_\_\_ Phone(2): \_\_\_\_\_

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

Email(1): \_\_\_\_\_

Email(2): \_\_\_\_\_

#### RELEASE OF LIABILITY/AKNOWLEGMENT OF RISK

I/We the parent/guardians of the above named tryout candidate of the Greater Boston Vipers hereby gives my/our approval to his /her participation in any and all activities related to the Greater Boston Vipers. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless Greater Boston Vipers and any and all of it's agents, including without limitations its assignees, the organizers, supervisors, participants for any and all related claims to said activities. In addition, I/We verify that the above named skater is in good health. I understand that I must pay the required tuition prior to participation in the activities.

#### MEDIA DISCLAIMER

I/We the parent/guardians of the above named participant of Greater Boston Vipers agree to the use of Media by Greater Boston Vipers. Photos including, but not limited to, team photos, individual player's photos, and action shots taken during the games & practices will be used on the Greater Boston Vipers website and associated websites as well as other forms of media. By signing below, I/we acknowledge and approve of the use of our child's photographs and/or name in media and promotion of Greater Boston Vipers.

#### PAYMENT AGREEMENT

I/We the parent/guardians of the above named participant of Greater Boston Vipers Hockey agree to make scheduled payments. I understand that failure to meet scheduled payments may result in player termination from participation in Mass & USA Hockey sanctioned events. The player's name may also be reported to credit agency for financial resolution. Tuition refunds are not offered under any circumstance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EXPERIENCE

DEVELOPMENT

TEAM

SUCCESS

Greater Boston Vipers, LLC.  
PO Box 73  
Medford, MA 02155  
vipers@vipersicehockey.com  
www.vipersicehockey.com