



## 2011 Vipers Yearly Club Membership Registration Form

AAU Membership fee is \$BBB per player. *Brand new members: Please send a copy of your child's state certified birth certificate with the registration form.*

**Send registration and payment to:**  
4280 Aramingo Avenue Philadelphia, PA 19124

### Registering Child Information:

Name:	
Address:	
Home Phone No.: (     )	Cell Phone No.: (     )
Email Address:	
Date of Birth:	Age as of Sept. 1 2011 <input type="text"/>

### School/Education Information:

School Name:
School Address:
Current 2011 Grade/Year:
Estimated Graduation Date:

### Player's Measurements/Uniform Information:

Current Height:
Adult Shirt Size: (circle one)    Sm    Md    Lg    X-Lg    XX-Lg
Adult Shorts Size:                    Sm    Md    Lg    X-Lg    XX-Lg
Uniform No. Request: (top 5 picks) _____
(Returning Players) Current Uniform No.:
Previous Basketball Experience:

### Guardian/Parent's Information:

<b>Father's Name:</b>	
Work No.: (     )	Cell No.: (     )
Email Address:	
<b>Mother's Name:</b>	
Work No.: (     )	Cell No.: (     )
Email Address:	

### Emergency Contact Information:

<b>Emergency Contact Name:</b>	
Work No.: (     )	Cell No.: (     )
<b>Primary Care Physician/Family Doctor:</b>	
Office No.: (     )	
<b>Health Insurance Provider:</b>	
ID/Group No.:	

## VIPERS SPORTS GROUP PARTICIPANT RELEASE, WAIVER, AND INDEMNITY AGREEMENT

Participant Name:	
Address:	
Home Phone No.: (     )	Cell Phone No.: (     )

Has your child ever been treated by any doctor for or had any known indication of the following? Please circle Yes or No:

Head Injury	<b>NO</b>	<b>YES</b>	Concussion	<b>NO</b>	<b>YES</b>
Dizzy Spells	<b>NO</b>	<b>YES</b>	Fainting Spells	<b>NO</b>	<b>YES</b>
Asthma	<b>NO</b>	<b>YES</b>	Heart Problems	<b>NO</b>	<b>YES</b>
Anemia	<b>NO</b>	<b>YES</b>	Back Injury	<b>NO</b>	<b>YES</b>
Diabetes	<b>NO</b>	<b>YES</b>	Fatigue	<b>NO</b>	<b>YES</b>

Is s/he allergic to any drugs, serums, adhesive tapes, or insects? **NO**    **YES**  
 If so, please explain \_\_\_\_\_

Is s/he allergic to any food or other substances? **NO**    **YES**  
 If so, please explain \_\_\_\_\_

Has s/he ever been told not to participate in sports because of a health problem? **NO**    **YES**  
 If so, please explain \_\_\_\_\_

Does s/he take any medications regularly? **NO**    **YES**  
 If so, please explain \_\_\_\_\_

Has s/he had any serious illness or operations in the last year? **NO**    **YES**  
 If so, please explain \_\_\_\_\_

Is s/he currently under a doctor's care? **NO**    **YES**  
 If so, please explain \_\_\_\_\_

Please list any medical conditions that would impair or prohibit your son/daughter's participation in the Vipers' Basketball Program. If none, please write "NONE".  
 \_\_\_\_\_

PLEASE BE ADVISED THAT THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND SHOULD BE READ CAREFULLY.

The participant named above ("Participant") desires to participate in the Vipers Sports Group basketball program (the "Program"), a youth basketball program sponsored by Vipers Sports Group, an unincorporated association affiliated with the Amateur Athletic Union ("AAU") with an office at 4280 Aramingo Avenue, Philadelphia, PA 19124.

Participant hereby acknowledges and agrees that there are inherent and significant risks associated with playing competitive basketball and participating in the Program, both foreseeable and unforeseeable, including, but not limited to, the potential for accidents, personal injury, death, and property damage. Participant acknowledges and agrees that the level of such risks may be affected by his level of health and fitness and the level of care and skill that he exercises when playing competitive basketball and participating in the Program. By signing below, the Participant accepts and assumes the risks associated with playing competitive basketball and participating in the Program including, without limitation, all responsibilities, liabilities, and loss(es) arising in connection therewith.

Intending to be legally bound hereby, Participant, for himself and his heirs and administrators, releases and forever discharges Vipers Sports Group and its successors, officers, employees, agents and all other participants in the above-described activities, of and from any claims, demands, actions, and causes of action of any sort, for injury sustained to Participant and/or Participant's property in connection with playing competitive basketball and/or participating in the Program. Participant shall indemnify, defend, and hold harmless Vipers Sports Group and its successors, officers, employees, and agents from any loss, liability, damage, cost, and/or expense they may incur due to Participant's playing competitive basketball and participating in the Program, whether caused by the negligence of any such parties or otherwise.

Participant represents that he is 18 years of age or older, or if he is under the age of 18 years of age, that he has the permission of his parent(s) and/or legal guardian(s) to play competitive basketball and/or participate in the Program, and that his parent(s) and/or legal guardian(s) have full knowledge of his participation in the above described activities and have consented to such participation by executing this Agreement. Participant certifies that his participation in the stated activities is voluntary, [and that he is not, in any way, required to participate in any particular complete event or basketball-related activity]. Participant hereby agrees that the foregoing Agreement is intended to be as broad and inclusive as is permitted by the laws of Pennsylvania, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND PROVISIONS IN THEIR ENTIRETY. I UNDERSTAND THAT THIS AGREEMENT RELEASES ANY CLAIMS THAT I MAY HAVE AGAINST VIPERS SPORTS GROUP ARISING IN CONNECTION WITH PLAYING COMPETITIVE BASKETBALL AND/OR PARTICIPATING IN THE PROGRAM AND THAT I AM ASSUMING THE RISK ASSOCIATED WITH SUCH ACTIVITIES. I HAVE SIGNED THIS AGREEMENT KNOWINGLY AND WILLINGLY.

SIGNED, this \_\_\_\_ day of \_\_\_\_\_ 2014.    Signature of Parent/Legal Guardian: \_\_\_\_\_  
 Print Name of Parent/Legal Guardian: \_\_\_\_\_

**PARENTS'/GUARDIANS' CONSENT (to be completed if participant is less than 18 years of age)**

I, as parent or guardian of \_\_\_\_\_, a minor and the individual Participant named above, represent that the facts represented in this Agreement concerning my child or ward are true. I give my permission for my child or ward to play competitive basketball and participate in the Program, and further, in consideration of Vipers Sports Group's provision of such activities, intending to be legally bound, agree, individually and on behalf of my child or ward, to the terms of this Agreement. I have read the Agreement and understand that the Agreement contains a release of claims and actions set forth above which binds me and the Participant.

SIGNED, this \_\_\_\_ day of \_\_\_\_\_ 2014.    Signature of Parent/Legal Guardian: \_\_\_\_\_  
 Print Name of Parent/Legal Guardian: \_\_\_\_\_