



Greater Boston Vipers Contract

EXPERIENCE

Program Year: 2008-09 Team Level: Young Vipers

Player's Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent(s) Name(s): _____

Home Phone: _____ Work or Cell Phone: _____

Player's Email: _____

Parent's Email(s): _____

DEVELOPMENT

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK

I/We the parent/guardians of the above named participant of the Greater Boston Vipers hereby give my/our approval to his /her participation in any and all activities related to the Vipers Hockey organization. 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 the Greater Boston Vipers organization and any and all of it's agents, including with out 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/We will ensure that the above named participant will be registered with USA Hockey and Mass Hockey for the 2008-09 season, including all fees associated with registration.

MEDIA DISCLAIMER

I/We the parent/guardians of the above named participant of the Greater Boston Vipers agree to the use of Media by the Greater Boston Vipers, LLC. Photos including, but not limited to, team photos, individual players 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 the Greater Boston Vipers, LLC.

PAYMENT AGREEMENT

I/We the parent/guardians of the above named participant of the Greater Boston Vipers agree to make scheduled payments. I understand that failure to meet scheduled payments may result in player termination from the team and name be reported to credit agency for financial resolution.

TEAM

Parent Signature: _____ Date: _____

SUCCESS

GREATER BOSTON VIPERS, LLC.
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VIPERS@VIPERSICEHOCKEY.COM

Please visit us at www.vipersicehockey.com