Typhoon Field Hockey Club Team

Open Tryout form for the 2011-2012 Season

Open to U10, U12, U14, U16 and U19 Players

Participant Information: ***(One form per player)***

Player Name: _____ **School**: _____ **Goalkeeper: Yes or No**

Address: _____ **Parent/Guardian**:_____

City: _____ **State** _____ **Zip** _____ **Birthdate**: ____/____/____ **Age**:____ **Gender**: M F
Year Month Day

Day Phone: _____ **Evening Phone**: _____ **Emergency Phone**: _____

Email (Mandatory):_____

If currently a United Sports Member check this box: ☐ **Membership #:** _____ **Exp Date:** _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

I hereby release and discharge United Sports Training Center ("USTC"), its agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation as a player or spectator in programs and activities, including rock wall activities at USTC. I fully understand that: these activities involve risks and dangers of serious bodily injury, ("RISKS"); these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "RELEASEES" named below; there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.

I authorize USTC, 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 USTC, its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant USTC permission to use my and/or my child's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon USTC for reimbursement for use of this material.

Participant/Guardian Signature: _____ Date____/____/_____

Typhoon Field Hockey Club Team Registration Information:

Tryout Fee:

___$25.00 Registration Fee- Players will need to register one week prior
___$35.00 Registration Fee: Players who sign up the day of tryouts
___FREE for Current members who "BRING A FRIEND"

- **By Appointment – contact Rachael Bloemker at 610.466.7100 or typhoonfhclub@unitedsports.net**

Division: (Check one)

_____U10 _____U12
_____U14 _____U16
_____U19

Division is determined by your age on 1/1/12

Payment Information:

Please circle card type:

Expiration Date: _____/_____

Credit Card #:

Annual Membership Fee: _____ **+ Tryout Fee** _____

=Total Amount Due: _____

Cardholder Signature:_____

Check # _____ **Cash:** _____

Cash or Check Amount:_____

CHECK POLICY: $25.00 service fee for returned checks.

All checks should be made payable to "USTC" and mailed to:
United Sports Training Center
1426 Marshallton-Thorndale Road
Downingtown, PA 19335

REFER A FRIEND PROGRAM:

_____
Name of Friend Trying out

United Sports Membership Information

Yes. I'd like an Annual Membership. Please Check One:

☐ Individual Membership Fee: $25.00
☐ Family Membership Fee: $60.00

Member benefits include:

- Discounts on future leagues and other USTC programs
- Benefits through USTC sponsors and partners.
- ***Visit our website for complete list of benefits or member registration form.***

Typhoon Field Hockey Club Team
For More Information Please Contact:
Director of Coaching & Administration
Rachael Bloemker
610-466-7100 or typhoonfhclub@unitedsports.net