Youth Inline Hockey
Winter 2011-12
Starts week of January 2 (10 games)

Participant Information: *(One form per player)*

Team Name: _____ **Grade**_____

Contact/Player Name: _____ **Birthdate**: ____/____/____ **Age**: ____
Month Day Year

Address: _____ **Parent Name**: _____

City: _____ **State** _____ **Zip** _____ **Parent D.O.B.**: ____/____/____
Month Day Year

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____/____/____

Program Details

Divisions: **Mite (clinical)** **Squirt** **Bantam**
(please circle) **6 – 8 year old** **9 – 13 year old** **13 – 16 year old**

Mite Division – Thursday Evening
Squirt Division – Monday and Tuesday Evening
Bantam Division – Monday and Tuesday Evening
(Players will be evaluated and placed on teams based on skill, size, and age)

Fees: **$109.00 (Before December 9)**
$124.00 (After December 9)

**** Learn to Play Program only $229.00 – All equipment and season included!*****

Payment Information:

Please circle card type:
MasterCard VISA DISCOVER

Exp Date: _____/_____

Credit Card #:

Program Fee _____ **+ Annual Membership Fee** _____

=Total Amount Due: _____

Cardholder Signature: _____

Check # _____ **Cash:** _____

CHECK POLICY: $25.00 service fee for returned checks.

Checks should be made payable to "United Sports" and mailed to:
1426 Marshallton-Thorndale Road
Downingtown, PA 19335

For more information visit our website at: www.UnitedSports.net
or contact Jamie DiDomenico at youthhockey @unitedsports.net
Phone: 610-466-7100 Fax: 610-466-9314

United Sports Annual Membership

Please Check One: ☐ Individual Membership Fee: $25.00
☐ Family Membership Fee: $60.00

Member benefits include:
- Discounts on United Sports programs
- Benefits through United Sports sponsors and partners.
- Visit our website for complete list of benefits

Registered members will receive a membership card that will allow them to receive discounts at United Sports and our partner businesses.

REFUND POLICY:

POWERED BY 1/3 SOLAR & 1/3 HYDRO