GIRLS LACROSSE HOLIDAY CLINICS

MLK Day Clinic
Monday, Jan. 16, 2012

Presidents' Day Clinic
Monday, Feb 20, 2012

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

Team Name: _____

Contact/Player Name: _____ **Birth date**: ____/____/____ **Age**: ____ Gender: M F
Year Month Day

Address: _____ **Parent Name**: _____

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

Clinic Registration Information

Individual Clinic Fee: $50

Session I 9am-12pm_____
(Elementary & Middle School)

2 Clinic Package Fee: $90

Session II 12-3pm_____
(High School)

Please check all clinics

_____ MLK Day Clinic – Monday, Jan. 16, 2012
_____ Presidents' Day Clinic – Monday, Feb. 20, 2012

Age _____
Position _____
Years Experience _____

*****Equipment needed*****

Girls: Sneakers, Goggles, Stick, Mouth Guard, and Water

Payment Information:

Please circle card type:

MasterCard VISA DISCOVER

Exp: ____/_____

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 Rebecca Wells at rwells@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

- Registrant must have a current membership throughout the length of the activity. If membership expires during the program you will be required to renew at time of registration.
- Moving forward, membership will be renewed automatically after 1 year (must call to cancel)
- Benefits: http://unitedsports.net/membership/

NO REFUND POLICY: All payments made to USTC are non-refundable unless a program is cancelled by USTC due to insufficient participation.

POWERED BY 1/3 SOLAR & 1/3 HYDRO