Relentless Defense Training
with Brett Moyer
"Cover the Best…To be the Best"

Participant Information: *(One form per player)*

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

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____/____/____

Registration Fee* $125 Per Player

Training and comprehending the "Team Defense" concepts while acquiring the skills to become a master defender.

Dates: 1/29, 2/5, 2/12, 2/26

Youth – 4th-7th grade: 3:00-4:00pm
HS – 8th-12th grade: 4:00-5:00pm

*****Equipment needed – Boys -Gloves, Arm Pads, Shoulder Pad, Mouth Guard, Helmet and must have Sneakers**

LONG POLES ONLY Years of Experience: _____ School or Club team: _____

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

A portion of this programs registration fee will be donated to the HEADstrong foundation to help support the fight against blood cancers

HEADstrong Foundation — getting aHEAD of cancer

***United Sports Annual Membership**

Please Check One:

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

Member benefits include:

- 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/