



FALL SEASON 2010 -- 10 Weeks

Lil' Kickers Registration Form



Classes run Saturday, September 18th through Saturday, Dec 2nd

**** PLEASE NOTE-NO CLASSES, Sat11/13, Thur11/25, Fri11/26****

www.UnitedSports.net Phone: (610) 466.7100 Fax: (610) 466.9314

Participant Information: (One form per player)

Player Name: _____ Birth Date: ____/____/____ Age: _____ Gender: M F

Address: _____ Parent/Guardian Name: _____

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

Day Phone: _____ Evening: _____ Emergency Phone: _____

E-mail (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.

Parent/Guardian Signature: _____

*** Registration will not be accepted without a properly signed waiver ***

Please circle the class of your choice- *Please note- Classes may be cancelled due to insufficient enrollment*

Monday

Bunnies - 10AM
Thumpers- 10AM
Hoppers- 11AM
Micro 4/5- 11AM

Thumpers- 1PM
Cottontails- 1PM
Hoppers- 2PM
Jackrabbits- 2PM

Hoppers- 5PM
Jackrabbits- 5PM
Big Feet- 6PM
Micro 6/7- 6PM

Tuesday

Hoppers- 10AM
Jackrabbit- 10AM
Cottontails- 11AM
Micro 4/5- 11AM

Hoppers- 1PM
Jackrabbits- 1PM
Micro 4/5- 2PM
Big Feet- 2PM

Micro 4/5- 5PM
Micro 6/7- 5PM
Jackrabbits- 6PM
Hoppers- 6PM

Wednesday

Hoppers- 9AM
Jackrabbits- 9AM
Cottontails-10AM
Micro 4/5- 10AM
Bunnies- 11AM
Thumpers- 11AM

Hoppers- 1PM
Jackrabbits- 1PM
Big Feet- 2PM
Micro 4/5- 2PM

Thursday

Bunnies- 10AM
Thumpers- 10AM
Hoppers- 11AM
Micro 4/5- 11AM

Hoppers- 1PM
Jackrabbits- 1PM
Thumpers- 2PM
Cottontails- 2PM

Friday

Thumper- 9AM
Cottontails- 9AM
Hoppers- 10AM
Jackrabbits-10AM
Micro 4/5- 11AM
Micro 6/7- 11AM

Hoppers- 1PM
Jackrabbits- 1PM
Cottontails- 2PM
Micro 4/5- 2PM

Saturday

Bunnies- 9AM
Thumpers- 9AM
Cottontails- 9AM
Hoppers- 9AM
Jackrabbits- 9AM
Micro 4/5- 9AM
Big Feet- 9AM

Bunnies- 10AM
Thumpers- 10AM
Cottontails- 10AM
Hoppers- 10AM
Jackrabbits- 10AM
Micro 4/5-10AM
Micro 6/7- 10AM

Thumpers- 11AM
Cottontails- 11AM
Hoppers- 11AM
Jackrabbits- 11AM
Micro 4/5- 11AM
Big Feet- 11AM
Micro 6/7 11AM

Payment Information:

\$140.00 + *annual membership fee

(\$15 off sibling discount)

Please circle card type:



Credit Card #: _____ EXP DATE: ____/____/____

United Sports Membership Information

*As of October 5, 2009 a **\$20 annual membership fee is required** for every player in our leagues, instructional programs and summer camps. A family membership is also available for \$50.

Refunds will only be issued if requested in writing and two weeks prior to the start of any program. If a refund request is made in writing after this two-week period a refund, minus a \$20.00 administration fee, will be made in the form of a tuition credit only. No monetary refunds will be made after the program has started.

Annual Membership Fee: _____

Total Amount Due: _____

Cardholder Signature: _____

____ CHECK- # _____ CASH \$ _____

Contact Lauren Paul at lpaul@unitedsports.net or Mitch Bernstein at mbernstein@unitedsports.net