Winter 2017

Over 60 Select Softball League Registration Form

12 dates, Friday January 6 to Friday March 24; 12:15p to 3:15p

All players must be at least 60 years old to be eligible (Must Be Invited to Participate)

Participant Information: *(One form per player)*

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

Address: _____ Day Phone:_____

City: _____ **State** _____ **Zip** _____ Evening Phone:_____

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

Email (Mandatory): _____

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____/____/_____

League Details

League Schedule

- League Starts January 6, 2017
- Friday's 12:15p to 3:15p
- Fee: $75.00
- Invitation only league

All players must be at least 60 years old to be eligible

Payment Information:

Please circle card type:

Exp Date: _____/_____

CVC:

Credit Card #:

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 contact:

Matt Tyoe
Phone: (610) 466-7100 ex. 125
Email: mtyoe@unitedsports.net
Fax: (610)466-9314
Web-site: www.unitedsports.net

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

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1/3 SOLAR & 1/3 HYDRO