Winter 2009-10
INDOOR SOCCER LEAGUE
TEAM Registration Form

Participant Information: *(One form per player)*

Team Name: _____

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

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____/____/____

$1050 Indoor Turf Touchline League

(This program requires a $20 Team Registration Fee) *

(Please Circle) **League: U09 U10 U11 U12 U13 U14** **Gender: M F**

League Fee ($1050)	$_____
Team Registration Fee	$___20___
Multiple Team Discount	$_____
TOTAL AMOUNT DUE	$_____

Split team into two teams and receive a $100 discount towards overall cost for both teams. ($50/team)
Play both sessions and receive $100 discount applied toward second session.

LATE FEE OF $100 IF NOT PAID IN FULL BY NOVEMBER 1, 2009 for Session I and JANUARY 4, 2010 for Session II.

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 Dominic Popolizio at dpopolizio@unitedsports.net
Phone: 610-466-7100 Fax: 610-466-9314

***As of October 5, 2009 annual $20 team registration fee will be required for every team in our leagues.**

REFUND POLICY: Full 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 refunds will be made after the program has started.