Boys Soccer Academy
Registration Form
Age Groups U9 through U13
Tryout Dates October 16th and November 6th

THE SOCCER ACADEMY AT UNITED SPORTS

Participant Information: *(One form per player)*

Team Name: _____ **Grade**_____

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

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____/____/____

Boys Soccer Academy

Tryout Times: 5-6:30pm

$195 Per session

Sessions (Players must register for at least 2 out of the 3 sessions.)

Session 1:	**Nov 22, 29, Dec 6, 13, 20**	**Dribbling - Change of direction and attacking moves**
Session 2:	**Jan 3, 10, 17, 24, 31**	**Passing - First touch, 1 and 2 touch passing, combination play**
Session 3:	**Feb 7, 14, 21, 28, Mar 6**	**Finishing - Driven balls, redirection and playing with back to the goal**

Snow Dates: March 13, 20, 27

Time Slots: Younger players U-9 through U-11 are usually in the first time slot 5:30-7:30pm and older players U-11 through U-14 are in the second time slot 6:30-8:30pm, however players will be grouped with other players of comparable skill and may be grouped in a different time slot based on registrants involved in the program.

Tryouts: Academy alumnae and ODP players in 2010-2011 do NOT need to attend the tryouts. They should simply complete the registration form and turn it in prior to the 2nd tryout date (Nov 6th) to reserve a spot. All new U-9 through U-14 players must complete this registration form and bring it with them to one of the 2-tryouts. First tryout: Sunday, October 16th. Second tryout: Sunday, November 6th

10% Discount for all registrations before October 17th. Or Save $85! When you sign up for all 3 sessions for $500 * discounts cannot be combined

Payment Information:

Please circle card type:

MasterCard VISA DISCOVER

Exp Date: _____/_____

Credit Card #:

Important: ***Players must register for at least 2 of the 3 sessions***

$_____ **Session 1 ($195)**
$_____ **Session 2 ($195)**
$_____ **Session 3 ($195)**
+ $25 / $60 Annual Membership Fee ($25 ind/$60 fam) **Required**
+ $15 One time cost for new academy t-shirt optional.
Please circle shirt size. YL AS AM AL
$_____ **= Enter Total Amount Due Here**

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:
Player Development Director – **Jason Luzak**
Email: jluzak@unitedsports.net
Website: www.unitedsports.net
Phone: (610) 466-7100x132 Fax: (610) 466-9314

Aviators Club Restaurant
Membership fee includes voucher to our new restaurant.
Individual members will receive a $5 voucher.
Families will receive a $10 voucher.

United Sports Annual Membership

Please Check One: ☐ Individual Membership Fee: $25.00
☐ Family Membership Fee: $60.00

Member benefits include:
- Discounts on United Sports programs
- Benefits through United Sports sponsors and partners.
- Visit our website for complete list of benefits

Registered members will receive a membership card that will allow them to receive discounts at United Sports and our partner businesses.

NO REFUND POLICY- All payments made to United Sports are **NON**-refundable unless program is cancelled due to insufficient participation