Girls One-Day Soccer Holiday Day Camp
Registration Form
Age Groups U09 – U14
NEW DATE ADDED Wednesday, December 28

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____/____/____

Girls One-Day Holiday Camp
SECOND DATE: December 28, 2011

Cost: $80
Time: 9:00 – 3:00
Location: United Sports
Date: Thursday, December 28th 2011

Special Guest Coaches
Lunch in the Philadelphia Independence players lounge provided

Payment Information:

Please circle card type:

MasterCard VISA DISCOVER

Exp Date: _____/_____

Credit Card #:

Program Fee ___$80_____ + **Membership Fee** ___N/A_____

=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:
Senior Program Director – **John Hatt**
Email: jhatt@unitedsports.net
Website: www.unitedsports.net
Phone: (610) 466-7100x122
Fax: (610) 466-9314

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