Winter Adult Volleyball Sixes League

Sunday Nights beginning December 18
$300 per team Plus $25 Weekly Ref Fees

10 week Regular Season
3 Week Playoff

Participant Information: *(One form per player)*

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

Address: _____

City: _____ **State** _____ **Zip** _____

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____/____/_____

Program Details

Adult Volleyball Sixes League:. Season begins 12/18, we will be off the next 2 weeks for Christmas and New Years. Each Player must complete a registration form. Registration forms and payment are due 12/11.

Division (Circle One): A BBB BB B
Team Name: _____

Payment Information:

Please circle card type:

MasterCard VISA DISCOVER

Exp Date: _____/_____

Credit Card #:

Program Cost: $300 per team

Program 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 Ashley Wood at ashleymariewood@hotmail.com

After your game bring a six pack and enjoy some team bonding at Aviators! A BYOB sports restaurant and bar located inside of the facility.

never stop playing

United Sports is powered by 1/3 solar & 1/3 hydro energy.