



SUMMER CAMP OVERNIGHT REGISTRATION FORM

JUNE 29-30, JULY 20-21, AUGUST 10-11

UNITED SPORTS

SUMMER CAMP

Participant Information: (One form per player)

Grade _____

Camper 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 _____ / _____ / _____

Program Details



Overnights begin on Friday, at 6:00 pm.
Dinner at 6:15 followed by activities until midnight
Saturday breakfast at 7:30 am
Parent pick up by 8:30 am Saturdays
Cost: \$40



Activity Fee for Friday only: \$30

Payment Information:

Please circle card type:

MasterCard VISA DISCOVER

Exp Date: _____ / _____

Credit Card #: _____

Program Cost: \$30 (Friday only) or \$40 (\$10 sibling discount) (max \$110/family)

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 Mitch at mbernstein@unitedsports.net
Phone: 610-466-7100 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

Registrant must have a current membership throughout the length of the activity. If membership expires during the program you will be required to renew at time of registration. Moving forward, membership will be renewed automatically after 1 year (must call to cancel)

Benefits: <http://unitedsports.net/membership/>

