

Camper's Name: _____ United Sports Membership: YES / NO

Gender: M or F Birth Date: ____/____/____ T-Shirt Size: YS YM YL AS AM AL AXL

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____

Cell 1 #: _____ Cell 2 #: _____

Email (required): _____

1426 Marshalton Thormdale Rd.
 Downingtown, PA 19335
 610.466.7100
 info@unitedsports.net
 UNITEDESPORTSCAMPS.NET

Other(s) permitted to pick up your child(ren)

Name: _____

Relation: _____

Contact #: _____

Camp Week & Name	Camp Hours	ONLY Pee Wee	Camp Cost	Lunch	Pre / Post-Care	Field Trip	Week Total
	(9am-12pm) (9am-4pm)	(Please circle 3 or 5 days)	(See brochure or web)	(\$30 / week)	(\$35 / \$35 / \$60 for both)	(ONLY Action & Total - \$15)	(Enter line totals)
June 4-8	Half Full	3 Days 5 Days			Pre Post		
June 11-15	Half Full	3 Days 5 Days			Pre Post		
June 18-22	Half Full	3 Days 5 Days			Pre Post		
June 25-29	Half Full	3 Days 5 Days			Pre Post		
July 2-6	Half Full	3 Days 5 Days			Pre Post		
July 9-13	Half Full	3 Days 5 Days			Pre Post		
July 16-20	Half Full	3 Days 5 Days			Pre Post		
July 23-27	Half Full	3 Days 5 Days			Pre Post		
July 30 - Aug 3	Half Full	3 Days 5 Days			Pre Post		
August 6-10	Half Full	3 Days 5 Days			Pre Post		
August 13-17	Half Full	3 Days 5 Days			Pre Post		
August 20-24	Half Full	3 Days 5 Days			Pre Post		

PAYMENT INFORMATION:

CASH | CHECK | CREDIT CARD (ANY)

Card #: _____

Exp. Date: _____

Signature: _____

5-Week Discount: Any 5 full-day weeks - save \$120 OFF total cost!
Full Summer Discount: 20% discount (Action & Pee Wee only)
Multi-Week Discount: \$10 off each additional week of camp
Sibling Discount: Deduct \$10 for each child after the 1st

Referral Program: Receive \$20 off for you and a friend who is a new United Sports customer. *Registration forms must be submitted in person.

I am referring: _____

I was referred by: _____

Sub Total	
Membership Required	+
\$25 for individuals / \$60 for families	
Discounts	-
GRAND TOTAL	
\$75/wk non-refundable deposit due at reg. Balance due prior to first day of camp.	

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 in any programs or activities, including the well activities at USTC. I fully understand that these activities involve risk and danger of serious bodily injury. ("RISKS") These risks and dangers may be caused by my or my child's actions or the actions of others participating in the activity, the condition in which the activity takes place, or the negligence of the "RELEASEE" named below. There is no release of liability for the actions of the "RELEASEE" named below. I hereby accept and assume all responsibility for the risks, dangers, and discharge of my participation in that of the program 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.

REFUND POLICY: All requests for cancellation must be made in writing one week prior to the start of camp. All monies paid with the exception of a \$75.00 deposit will be refunded in the form of tuition credit that can be used for any other program at United Sports. No refunds of any kind will be given if cancellation is made less than 1 week prior to the start of camp, regardless of the nature of cancellation.

Participant/Guardian Signature: _____ Date _____