



UNITED SPORTS TRAINING CENTER

1426 Marshallton-Thorndale Road, Downingtown, PA 19335
Phone #610-466-7100



Please Indicate Camp:

- Pee Wee(Ages 3-5)
 Rookies (Ages 6-7)
 Juniors(Ages 8-9)
 Seniors (Ages 10-11)
 Sports/Specialty/Middle School Camp
 Junior Counselor (Ages 13-15)

PARTICIPANT'S INFORMATION

Participant's Name (First, MI, Last)		Nickname	Date of Birth	Age	M/F
Participant's Address		City, State, Zip Code			Home Telephone No.
Person(s) or Agency Having Legal Custody of Child	School Attending		Grade In	Grade Entering	
Previous Child Day Care Program/School(s) Attended (Include City and State)					

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (First, Last)	Home Address, City, State, Zip Code	Home Telephone No.
Place of Employment	Employment Address, City, State, Zip Code	Work Number
		Cell Number
Parent/Guardian Name (First, Last)	Home Address, City, State, Zip Code	Home Telephone No.
Place of Employment	Employment Address, City, State, Zip Code	Work Number
		Cell Number
Please list in order the best phone numbers to reach you during camp hours		
Primary Contact #	Secondary Contact #	E-mail Address

EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc., and action to take in an emergency	List all medications your child takes daily and any possible reactions	
Notes:		
Name of Participant's Physician	Physician's Telephone No.	
Emergency Contact Person (Other Than Parent, Must Be Local)		
1.		
Address	City, State, Zip Code	Telephone No.
Emergency Contact Person (Other Than Parent, Must Be Local)		
2.		
Address	City, State, Zip Code	Telephone No.
Person(s) Authorized To Pick Up Participant:		
Person(s) Not Authorized To Pick Up Participant *:		

* Appropriate paperwork such as the custody decree shall be attached if a parent/guardian is not allowed to pick up the child.

ASSUMPTION OF RISK • AGREEMENT • PERMISSION SLIP

I AGREE TO THE FOLLOWING:

1. I will pick up or make arrangements for my child to be picked up immediately if notified that my child has become ill or behavior issues arise.
2. I will provide adequate proof of identity and the participant's School Entrance Physical Exam and Immunization Record.
3. I give authorization to the Program Staff to obtain medical care if an emergency occurs and/or a parent cannot be reached.
4. I have read and understand the parent handbook, as it relates to Facility Policies including cancellation, code of conduct, discipline, refunds, late payment fee, and late pickups.
5. I, for myself and child, as a guest and/or participant with the United Sports Training Center am aware of the possibility of accidental or other physical injury, which may befall me or my child during the use of the facility, equipment, and/or participation in programs conducted by this department. I hereby assume the risks of possible accidental physical injuries that I or my child may suffer while utilizing the United Sports Training Center facilities and/or programs, therefore releasing from any and all liability or cause of action, the United Sports Training Center, its employees and volunteers.
6. The United Sports Training Center camp program, before and after school program, and day care program is exempt from licensure according to the Code of Pennsylvania 3270.3a(5). The United Sports Training Center programs function as a drop-in program where children may come and go at will. All procedures and policies according to the Pennsylvania State licensing standards are followed, beyond this exemption.
7. I also give the United Sports Training Center and its staff permission: **(Please initial below)**

To apply bug spray, sunscreen, or one that I supply to my child,

To take my child swimming and wading during spring and summer camp field trips,

To take my child on off center trips or to pick up from or drop off to associated schools,

To record my child's likeness and/or voice for use by television, film, radio, social media, or printed media to further the aims of the United Sports Training Center in related campaigns and magazine articles, booklets, posters, and in other ways that they see fit.

Please circle the rate of your child's swimming ability:

Non Swimmer	Swimmer	Intermediate Swimmer	Advanced Swimmer
Shallow end only	May need wall for support	Comfortable in deep water for short periods	No restrictions

* SWIMMING IS AN OPTIONAL ADD ON ACTIVITY. NOT INCLUDED IN EVERYDAY CAMP*

Parent/Guardian Signature

Date

Staff Signature

Date

FOR OFFICE USE ONLY

Date Entered Program

Date Left Program

IDENTITY VERIFICATION

Birth Certificate Number (Other Form of Proof)

Date of Birth

Date Issued

____ / ____ / ____

Place of Birth

Staff Initials

Date Viewed

United Sports Training Center Camp and School Year Programs

Program Information and Signature Form

To ensure an understanding and acknowledgment of the program rules and regulations, please review the following, **initial** each item, and sign where indicated:

- I understand a \$10.00 Late Registration Fee will be charged to accounts for day of registration.
- I have received complete written program information at the time of enrollment and/or prior to the start of camp. (PA Code 3270.121, 3280.121, 3290.121)
- If my child is not picked up at the close of the program, I will be charged a late fee of \$10.00 per child for each fifteen (15) minute interval, or any portion thereof. Payment will be invoiced to my account and will be paid prior to the next camp date.
- The United Sports Training Center staff will attempt to notify me whenever my child becomes ill or has behavior issues. I will arrange to have my child picked up immediately. I also authorize the staff to obtain immediate medical care if any emergency occurs when I cannot be immediately located.
- I understand that the United Sports Training Center requires all children to be signed in and/or out daily by a parent/guardian unless they are released directly from or go directly to another camp within the building. I or any person picking up my child will provide photo identification before my child will be released from care.
- If my child or any one in my family comes down with a communicable disease (lice, measles, chicken pox, etc) it is my responsibility to notify the United Sports Training Center Camp Coordinator within 24 hours so that they can notify all other campers (all names will remain confidential).
- I agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (PA Code 3270.124, 3280.124, 3290.124)
- I understand that the staff will be updating all parents on the behavior of our children on a daily basis. If I do not pick up my child, I release the staff to share behavioral information to the approved individual my pick up list.
- Written notification of cancellation must be received (7) days prior to the start date of each session. Any notification made after the seven-day period but prior to the session start date will be honored with an account credit to be used for another United Sports Camp, League, Class, or Program. Please visit the website for additional details regarding cancellations and refunds.

No refunds will be provided for: administrative processing (late) fees, non-refundable deposits and/or registration fees, requests received on or after the program start date. Parents will be held responsible for the weekly fee in full if written notification of cancellation is not received.

Parent Signature: _____ Date: _____

Participant Name(s): _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.



AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181 (C); 3290.123 & 181 (C)

DATE OF CHILD'S ADMISSION:			
NAME OF CHILD		2023 SUMMER CAMP	
FEE/OWED AMOUNT \$34 or \$63 / Day \$190 or \$350 / Week	FORM OF PAYMENT CASH CHECK CREDIT CARD	TYPE OF CARE Summer Camp	
Services Provided and covered with tuition payment: Outdoor activities and games; arts & crafts; sports, child care, specialty visits and trips			
Summer Camp ACTIVITIES:		Sports, Arts and Crafts, Activities, and Games	
CHILD'S ARRIVAL TIME (est.)	LATE FEE \$1.00 PER MINUTE AFTER 6:30PM	\$10 ADMINISTRATION FEE DUE AT ENROLLMENT EACH WEEK OF SESSION MUST BE PAID IN FULL BEFORE WEEK BEGINS	
CHILD'S DEPARTURE TIME (est.)			
PERSON(S) DESIGNATED BY PARENT TO WHOM THE CHILD MAY BE RELEASED (This information matches the Emergency Contact Form)			
<u>POLICIES & PROCEDURES</u>			
Payment must be received before the beginning of each new session, unless prior arrangements are made. Written notice or completing a Change of Status form is required when a child withdrawals from the program to relieve parents of future tuition obligations. A Change of Status form must be completed, and a new agreement must be submitted prior to any change in attendance. Two weeks of non-payment may result in withdrawal from the program.			
ADDITIONAL AGREEMENT(S):			
I, the parent/guardian;			
_____ received complete written program information at the time of enrollment. (3270.121, 3280.121, 3290.181)			
_____ agree to update the emergency contact / parental consent form information whenever changes occur or every 6 months at a minimum. (3270.121, 3280.121, 3290.181)			
SIGNATURE – PARENT or GUARDIAN		SIGNATURE – OPERATOR	
DATE		DATE	
Periodic Review:			
SIGNATURE – PARENT or GUARDIAN		SIGNATURE – OPERATOR	
DATE		DATE	

Registration Date _____ Amount _____ Payment Form _____
 Cash | Check | Credit Card | ACH | MO



**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT ("Agreement")**



In consideration of being permitted to be present at, attend, observe, and participate in activities at the facilities of, or provided by, **United Sports Training Center, LLC** (the "Activities") I, for myself for and for my child(ren) (collectively referred to herein as "me" "I" or "my"), personal representatives, assigns and heirs:

1. Acknowledge, agree, and represent that I understand the nature of the Activities and that I am qualified, in good health, and in proper physical condition to participate in them. I further agree and warrant that if at any time I believe conditions to be unsafe, or if at any time my health suffers, I will immediately discontinue participation, and leave if appropriate.
2. Authorize **United Sports Training Center, LLC**, its respective owners, investors, members, managers, shareholders, agents, directors, officers, volunteers, employees, landowners, subsidiaries, and affiliated companies (collectively, "Releasees") and medical care provider(s) to carry out any emergency medical transport or medical care for me, as may be necessary in their sole discretion, and agree to be fully responsible for any costs associated with such transport and care.
3. Understand that it is my responsibility to comply with all posted and published procedures, including safety and hygiene procedures and protocols intended to lessen the likelihood of the spread of disease among participants and staff. I further understand that it is my responsibility to comply with all laws and other requirements imposed by federal, state, and local authorities.
4. **UNDERSTAND THAT THE ACTIVITIES INVOLVE INHERENT AND OTHER RISKS AND DANGERS**, including but not limited to falling or loss of balance; striking padded or unpadded surfaces; being injured by equipment; being injured by the actions or inactions of other participants and bystanders; collisions with other participants; falls due to slick or uneven surfaces; equipment failures of any kind; equipment misuse by myself or others; potential exposure to communicable disease (including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors); physical injury or illness as a result of physical activity or being on the premises where the Activities take place; which risks may result in **SERIOUS INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH** (collectively, "Risks"). I understand that the Risks may be caused or contributed to by my own actions or inactions, the actions or inactions of other participants, bystanders or staff, the conditions and settings in which the Activities take place, or the alleged or actual **NEGLIGENCE** of the Releasees. I understand that the description and list of Risks in this Agreement is not complete, and that I will encounter Risks not described herein, known and unknown, inherent and otherwise, in connection with the Activities. With a full understanding of the foregoing, **I VOLUNTARILY AGREE TO ASSUME ALL INHERENT AND OTHER RISKS OF INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of, or in connection with, the Activities.
5. **RELEASE, DISCHARGE, HOLD HARMLESS, AND AGREE NEVER TO SUE RELEASEES FOR ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ARISING FROM OR RELATED TO ACTIVITIES, INCLUDING INJURY, ILLNESS, EMOTIONAL DISTRESS, OR DEATH CAUSED IN WHOLE OR IN PART BY THE ALLEGED OR ACTUAL NEGLIGENCE OF THE RELEASEES.** I further agree that if, despite this Agreement, I or anyone acting on my behalf makes a claim against any of the Releasees, I will **DEFEND, INDEMNIFY, AND HOLD HARMLESS** each of the Releasees from any attorneys' fees, losses, liability, damage, or expenses which Releasees may incur as the result of such claim.
6. I understand that this Agreement will apply every time I am on the premises or participate in the Activities. I agree that this Agreement is a contract which will be enforced to the fullest extent allowed by law and will be binding on me, my assignees, subrogors, heirs, assigns, executors, and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be enforceable.
7. I further grant United Sports Training Center, LLC permission to use my and/or my minor children's name(s), picture(s), and/or likeness(es) in any printed, electronic, or other media for purposes of advertisement and/or promotion. Further, on behalf of the Releasees, I renounce and waive any and all claims upon United Sports for any reimbursement or compensation related to such use.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO BE BOUND BY ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE.

Printed Name of Participant: _____ Date of Birth ____/____/____

Address: _____(Street)

_____(City) (State)(Zip) Phone: _____

Email: _____

Participant's Signature (only if age 18 or over): _____

Date: _____

MINOR RELEASE

By signing on behalf of a minor child participant, I represent that I am that minor child's parent or legal guardian, that I am authorized to sign this Agreement on the minor child's behalf, and agree that I will defend, indemnify, and hold harmless Releasees against any claims arising from the minor participant's presence at **United Sports Training Center, LLC** or participation in the Activities. I acknowledge that the minor participant is bound by all the terms of this Agreement, and understand that the minor participant would not be permitted to be at **United Sports Training Center, LLC** or take part in the Activities unless I agree to all terms of this Agreement.

Printed Name of Parent/Guardian: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____

_____ Date: _____