

UNITED SPORTS TRAINING CENTER

1426 MARSHALLTON-THORNDALE ROAD DOWNINGTOWN, PA 19335 PHONE: 610-466-7100 FAX: 610-466-9314

Parents' Date Night

Name: _____

E-mail : _____

Address: _____

(THIS IS REQUIRED FOR ALL CORRESPONDENCES!!)

Birth date: ____/____/____ Gender: ____M ____F

City: _____ State _____ Zip _____

Age: _____

H-Phone: _____ W-Phone: _____

Emergency Contact: _____

Cell Phone: _____ Fax #: _____

Emergency Phone: _____

Medical Concerns: _____

Ages: 4- 12
Every Saturday Night
Times: 5:30 - 9:30 PM

Fees per family: 1st Child Member \$24.00 Non-Member \$30.00
2nd Child Member \$12.00 Non-Member \$15.00
Additional Children \$5.00 per child

Registration forms are due Thursday prior to drop off night, otherwise a \$10.00 late fee will be applied- NO EXCEPTIONS!

Minimum 10 kids pre-registered to run Parent's Date Night

Which date(s) will your child will be attending: _____

For more information on Parents' Date Night, please contact Sean Casey, Director of USTC's Children's Development Programs at 610.466.7100 or scasey@go2ustc.com.

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 rockwall 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 risk 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 Name: _____ Parent/Guardian Signature: _____

***** Registration will not be accepted without payment or a properly signed waiver *****

Payment Information

Amount Enclosed: \$ _____ Member ID# _____

Print Name on card: _____

USTC \$ _____ Cash \$ _____ Check # _____

Checks should be made payable to USTC(address above)

RETURNED CHECK POLICY: You will be charged a \$25 service fee for any returned checks.

Signature of cardholder: _____

Credit Card # _____ Exp. Date: _____

