United Sports Training Center
Winter 2008
Baseball Instruction
Registration Form

Participant Information: ***(One form per child)***

Child's Name: _____ **Birthdate**: ____/____/____ **Age**:____ **Gender**: M F
Year Month Day

Address: _____ **Parent Name** _____

City: _____ **State** _____ **Zip** _____ **Parent D.O.B**. _____/_____/_____ (year/month/day)

Day -Phone: _____ **Evening Phone**: _____ **Emergency Phone**:_____

Email (Mandatory):_____

If currently a United Sports Member check this box: ☐ **Membership #:**_____ **Exp.**_____

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.

Parent/Guardian/Participant Signature
(For those participants under 18 yrs old.) _____

For complete class descriptions visit www.Go2ustc.com

PLEASE FILL IN THE DESIRED CLASS NUMBER:

CLASS LETTER AND #: _____

Payment Information:

Please circle card type:

MasterCard VISA

Expiration Date: _____/_____

Credit Card #:

Annual Membership Fee: _____ **+ Class Fee** _____

=Total Amount Due: _____

Cardholder Signature:_____

Check # _____ **Cash:**_____

Cash or Check Amount:_____

All checks should be made payable to "USTC" and mailed to:
United Sports Training Center
1426 Marshallton-Thorndale Road
Downingtown, PA 19335

For more information contact Hal Ziegler at 610-466-7100 or email at hziegler@go2ustc.com

Become a member today, and take *immediate* advantage of the benefits of United Sports Membership!

United Sports Membership Information

Yes. I'd like an Annual Membership. Please Check One:
Individual Membership Fee: $40.00
Family Membership Fee: $80.00
Member benefits include:

- Discounts on future leagues and other USTC programs
- Benefits through USTC sponsors and partners.
- *Visit our website for complete list of benefits or member registration form*

Full refunds will only be issued if requested in writing and two weeks prior to the start of any program. If a refund request is made in writing after this two-week period a refund, minus a $20.00 administration fee, will be made in the form of a tuition credit only. No refunds will be made after the program has started.