Spring 2008 ADULT MENS
BASKETBALL LEAGUE
Registration Form (Each Player Must Complete A Form)

Participant Information: *(One form per player)*

Team Name: _____

Participants Name: _____ **Captain's Name**: _____

Address: _____ **Birthdate**: ____/____/____ **Age**:____

City: _____ **State** _____ **Zip** _____

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

Email (Mandatory):_____

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 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 Signature: _____ Date _____/_____/_____

Adult Men's League Fees *REGISTRATION DEADLINE IS MARCH 15, 2008*

$475 per team per season (12 games + playoffs) **League starts Tuesday, April 1, 2008**

Games will be played on Tuesday and Thursday nights between 8:30pm and 11pm

Team fee does not include referee fees. Each team must pay before each game ($30/game)

How much do I owe?		
	TEAM LEAGUE FEE ($475)	$_____
	Deduct $50 for supplying your own team shirts	$_____
	TOTAL AMOUNT DUE	$_____

INDIVIDUAL NON-MEMBER PRICE $100 **INDIVIDUAL MEMBER PRICE $80**

LATE FEE WILL BE CHARGED IF NOT PAID IN FULL BY MARCH 15, 2008

$50 for teams with one check **$10 per individual registering with a team**

Payment Information:

Please circle card type:

Credit Card #:

Exp:_____ **Amount:**_____

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 Fax: (610) 466-9314

For More Information about the League contact

Ryan Silhan at (610) 466-7100
Email: rsilhan@go2ustc.com
Website: www.Go2ustc.com
Fax: (610) 466-9314

NO REFUND POLICY: 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.

RETURNED CHECK POLICY: A $25 service fee will be charged for any returned check(s) due to insufficient funds or for any other reason.