



United Sports Training Center Field Hockey Summer League 2008 At West Chester University Registration Form



Registration Deadline May 21, 2008

Participant Information: (One form per player)

Participant'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): _____ University/College _____ Year _____

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 Name: _____ Parent/Guardian Signature: _____ Date ____/____/____

Field Hockey Fees:
Individual Fee: \$130.00
Team Fee: \$1800.00
Fee includes: referee fees, Certified Trainer, rental of field and shirts
*****Minimum of 16 Players per team*****
Summer League at WCU
Full Field 8 Weeks!
(2) 25 minutes half
You can sign up as a team or as an individual!
****\$20.00 Late Charge if Registered after May 21, 2008****

Preferred Team Assignment: _____
 Team Contact Name: _____
 Team Contact Email: _____
 For USTC use only
 Assigned Team: _____

United Sports
Field Hockey Summer League @ WCU
 Games will begin Sunday June 1, 2008
 6/1, 6/8, 6/15, 6/22, 6/29, 7/13, 7/20, 7/27
 Games scheduled between 5:00pm to 8:00pm

Field Hockey Summer League 2008
 For More Information Please Contact:
 Field Hockey Program Director
 Stephanie Sheils; ssheils@go2ustc.com
 Office: 610-466-7100 Fax: 610-466-9314

Payment Information:

We accept:

 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

NO REFUND POLICY: All payments made to USTC are non-refundable unless a tournament, camp, class or league is cancelled by USTC due to insufficient participation. A \$25.00 fee will be charged for a returned check.