



United Sports Training Center Youth Inline Hockey 2007 Winter League

League Dates: December 10th – February 26th

Player Information: PLEASE PRINT

Squirt OR Youth

Player name: First _____ Last _____ Birthdate: ____/____/____ Age: ____ Gender: M F
Year Month Day

Address: _____ Parent/Guardian Name _____

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

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

Primary Email (Mandatory): _____

Please Circle Appropriate Skill Level: (Beginner) 1 2 3 4 5 (Advanced) Position Played: _____

If needed, would you be interested in coaching a team? YES NO

If currently a United Sports Member check this box: Membership #: _____ Exp Date: _____

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 United Sports Training Center.

1. I fully understand that: these activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("RISKS"); (b) 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; (c) 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.
2. 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.

Signature of Participant / Guardian (if under 18 years of age) _____

- Each league will consist of 8 games
- Squirt league will play 3 – 12 minute periods
- Youth league will play 3 – 15 minute periods
- Team Jerseys will be supplied
- Games will be played on Monday and Tuesday evenings
- Teams will be evenly divided by age/talent
- * Parents reserve the right to move Squirt players up if they feel their child would be better suited for the Youth age group

Individual Sign up Fees (Please check correct box)

- (Member) \$80.00
 (Non-member) \$100.00

Divisions

Squirts – 10 and under Small Sided Rink
Monday's
Youth – 11-15 yrs. old Sport Court Rink
Mon. & Tuesdays

Please circle card type:

Exp: _____



Amount: _____

Credit Card #:

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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

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.

NO REFUND POLICY: All payments made to USTC are non-refundable unless a league is cancelled by USTC due to insufficient participation. A \$25.00 fee will be charged for a returned check. Membership is valid for one year from date of payment