



GIRLS' LACROSSE PRIVATE LESSONS

Instructor: Brooke Crawford Record, Current Academy of Notre Dame HS Coach and former collegiate coach

Participant Information: (One form per player)

School Name: _____

Customer 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 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 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 risks 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/Guardian Signature: _____ Date ____/____/____



Private Lesson Fees:

Please Check One:

- Individual Lesson (\$75.00/hr)
- Semi Private (\$55 per person/hr)
- Small Group Lesson (3-5) (\$45 per person/hr)
- Team of 10 or more (\$15 per person/hr)
- Custom Package Plan

Payment Information:

Please circle card type:



Expiration Date: ____/____

Credit Card #:

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Annual Membership Fee: _____ + Session Fee _____

= Total Amount Due: _____

Cardholder Signature: _____

Check # _____ Cash: _____

Cash or Check Amount: _____

CHECK POLICY: \$25.00 service fee for returned checks.

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

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 Circle One:

Individual Membership Fee: \$49.00

Family Membership Fee: \$98.00

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.

Sessions are scheduled on a first come, first serve basis and are based on surface and instructor availability. No discounts for USTC members at this time. May receive discounts for scheduling multiple lessons at one time.

For more information, visit our website at: www.go2ustc.com
Contact Brooke Crawford Record or Kim Basner at 610-466-7100
Fax: 610-466-9314 / bcrawford@go2ustc.com

NO REFUND POLICY: All payments made to USTC are non-refundable unless a lesson is cancelled by USTC.