



Lil' Kickers Spring 2008- 10 Weeks

Classes run Saturday, April 19 through Saturday, June 21



Montgomery School

www.go2ustc.com Phone: (610) 466.7100 Fax: (610) 466.9314

www.montgomery.org

Participant Information: (One form per child)

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

Address: _____ Parent Name: _____

City: _____ State _____ Zip _____ Parent Birthdate: ____/____/____
Year Month Day

Day Phone: _____ Evening Phone: _____ Mobile Phone: _____

Email (Mandatory): _____ Emergency Phone: _____

United Sports Training Center-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 Signature _____

Class Schedule: Please circle the class of your choice . Class descriptions located on the other side of this form.

Saturday Class Schedule

9:00AM	Bunnies (18-35 months)	Hoppers (3-4 years old Beginner)
10:00AM	Jackrabbits (3-4 years old, Intermediate)	Micro 4/5 (4-5 years old Advanced)
11:00AM	Cottontails (1-3 years old)	Big Feet (4-6 years old Beginner)

Payment Information: (PLEASE CHECK ONE)

\$120.00 Lil' Kickers is a non-competitive, introductory soccer and movement skills program for boys and girls age 18 months to 6 years old. Developed by soccer professionals working alongside child development experts.

Contact Sean Casey, Director of Children's Development Programs, at scasey@go2ustc.com for more information.



Please circle card type:

Credit Card #:

Exp:

Amount:

Signature of Card Holder

Date Received: _____

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

Montgomery School:

1141 Route 113
Chester Springs
Pennsylvania 19425

P: 610-827-7222

F: 610-827-7639

www.montgomeryschool.com



NO REFUND POLICY: All payments made to USTC are non-refundable unless a league is cancelled by USTC due to insufficient enrollment.