United Sports Training Center
Volleyball Skill Sessions ~ Spring '08

Wednesday Nights ~ Eight sessions: March 12th – April 30th

www.Go2ustc.com
Phone: 610-466-7100

Times: **Girls Skill Sessions (Ages 10 - 15) ~ 7:00pm – 8:00 pm**

Player Information: *PLEASE PRINT*

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):_____

Secondary Email: _____

School: _____ **Grade:**_____ **Years of Playing Experience:**_____

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

Release of Liability Clauses:
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 at USTC. I authorize USTC, its agents, employees, staff members, directors, and officers to take whatever action necessary, in their best judgment, in an emergency and I hereby release and 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__/__/____

Volleyball Skill Session Fees

Individual Fee (Non-Member): $125.00

Individual Fee (Members only): $105.00*

*USTC Members must provide proof of membership at the time of registration.

www.Go2USTC.com

For more information, contact:
Mark Hodge
mhodge@go2ustc.com

Payment Information:

Please circle card type:

MasterCard DISCOVER VISA

Expiration Date_____/_____

Credit Card #:

Annual Membership Fee: _____ **+ Skill 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

United Sports Membership Information

Yes. I'd like an Annual Membership. Please Check 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.***

Refund Policy: Refunds will only be issued if requested in writing and 2 weeks prior to the start of any program. A $20.00 administration fee will be deducted from the amount paid. 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,