FIELD HOCKEY SPRING LEAGUE 2012

SUNDAY 1 – 7pm APRIL 1 – MAY 20

Contact/Player Name: _____ **TEAM NAME:** _____

Address: _____ **DOB:** ____/____/____ (Month Day Year) **Age:** ____ **Gender: M F**

City: _____ **State** ____ **Zip** _____ **Parent Name/Emergency Contact:** _____

Cell: _____ **Home:** _____ **Emergency Phone:** _____

Email (Mandatory): _____

I am a current UNITED SPORTS MEMBER ☐ **Yes** ☐ **No**

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____/____/_____

Contact; Jill Dull, FH Program Director

P: 610-466-7100 x 121 **email: jdull@unitedsports.net** **http://unitedsports.net/sports/field-hockey/**

SPRING LEAGUE STARTS SUNDAY, APRIL 1

For Teams & Individuals Ages 10 - Adult

One-hour games, (two 25min halves), 7v7, 1pm - 7pm

FREE open Turf Session on April 1

4/1, 4/15, 4/22*, 4/29, 5/6, 5/13, 5/20

*games start at 4pm

DIVISION:

___ Open (HS Grad & Older)
___ Varsity (HS: 11TH & 12Th)
___ JV (HS: 9th & 10th)
___ Junior (MS: 7th & 8th)
___ Youth (5th & 6th)

Team Request: _____

YES! I would love to Coach a House Team: ☐

YES! I would love to be a Parent Manager: ☐

CLUB/SCHOOL TEAM FEES CHECKLIST:

Minimum of 10 players per team

☐ TEAM FEE 1 check per team	$1150	_____
☐ *EARLY! on or BEFORE 3/15*	*$1100*	_____
☐ LEAGUE SHIRTS: optional # ___	@$6	_____
☐ TEAM MEMBERSHIP FEE	$50	_____
☐ *EARLY! on or BEFORE 3/15*	*$25*	_____
	TOTAL $	_____

INDIVIDUAL FEES CHECKLIST:

☐ INDIVIDUAL FEE	$110	_____
☐ *EARLY! on or BEFORE 3/15*	*$100*	_____
☐ LEAGUE SHIRT: optional	$6	_____
☐ *MEMBERSHIP FEE	$25/60	_____
	TOTAL $	_____

Check # _____ **Cash:** _____

Credit Card #: **Exp. Date:**

Cardholder Signature: _____

J*UNITED SPORTS ANNUAL MEMBERSHIP REQUIRED FOR INDIVIDUALS

☐ Individual Membership Fee: $25

☐ Family Membership Fee: $60

- Membership must be current through 5.20.12
- Benefits: http://unitedsports.net/membership/

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

POWERED BY 1/3 SOLAR & 1/3 HYDRO