



UNITED SPORTS LEAGUE

CALL/TEXT 212-256-1145 FAX 212-731-0296

FORMS MUST BE FILLED OUT COMPLETELY BE CONSIDER FOR ELIGIBILITY

Select 2019 Sports Program

- **FOOTBALL PROGRAMS:** Flag Football League Instructional Clinic Private Lesson
- **BASKETBALL PROGRAMS:** Basketball League Instructional Clinic Private Lesson
- **SOCCER PROGRAMS:** Recreation League Instructional Clinic
- **Other Program:** _____

Fee includes a **\$50 non-refundable registration fee**

MAKE CHECKS OR MONEY ORDER PAYABLE TO:

United Sports Youth League P.O.Box 70041 Staten Island NY, 10307

AGE BRACKET: 7-8 YEAR 9-10 YEARS 11-12 YEARS 13-14 YEARS 14-17 YEARS

CHILD NAME: _____ DOB: ____/____/____ Age ____ GENDER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN/COACH: _____ E-MAIL: _____

Cell Phone: _____ OTHER: _____

SCHOOL NAME: _____ GRADE: _____

MY CHILD HAS A TEAM or Special Request: (WHAT IS THE TEAM NAME) _____

MY CHILD HAS MEDICAL HISTORY: (Please Specify) _____

Would you Like to be a Volunteer: Coach _____ Asst Coach _____ Team Mom _____ Other: _____

Are you interested in Team Sponsor: _____ League Sponsor: _____

PLEASE SPECIFY SHIRT/JERSEY SIZE (Youth or Adult) Small Medium Large X Large 2 X Large

Optional Shorts SIZE (Youth or Adult) Small Medium Large X Large 2 X Large

How did you hear about us?

TV Newspaper On-line Search Outdoor Billboard Flyer Friend Social Media

Other _____

THIS POINT ONLY LEAGUE ADMINISTRATION USAGE:

YEAR _____

SEASON _____

SPORTS PROGRAM _____

REGISTRATION FEE _____

FINAL AMOUNT ENCLOSE _____ Date: _____

Payment: 1 _____ Date _____

Payment: 2 _____ Date _____



**PARTICIPANT RELEASE OF LIABILITY AND
ASSUMPTION OF RISK AGREEMENT
READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in this Program, related events and activities, the undersigned child and his/her parent or legal guardian, jointly and severally, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS United Sports League INC, United Sports Youth League INC, and each of their officers, officials, agents and/or employees, other participants, sponsors, advertisers, and owners (collectively, "RELEASEES"), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. United Sports Youth League/USL may use a picture, image or likeness of your child for promotional use. Yes No

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARENTS/GUARDIANS:

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in this program as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Name (Please Print)

Emergency Phone Number(s)

X _____
Parent/Guardian Signature

Date