



Office Use Only

T-Shirt _____ Paid _____ Check # _____ Date: _____

REGISTRATION: Thank You for your interest in USL, LLC. Youth Sports Program taking place in Downtown Manhattan. Please complete below entry form to register your child, and the Release and Waiver of Liability, which must be submitted with your application.

Player Information
Name: _____
Address: _____
Age: _____
Gender: _____
Have you participated previously with USL? _____
Parents Information
Name: _____
Address: _____
Phone: _____
Email: _____
Parents Information
Name: _____
Address: _____
Phone: _____
Email: _____
Required Affirmation:
<p>I/We, the parent's of the applicant, hereby give my/our permission for my/our child to participate in USL Youth Sports Program. I/We certify that my/our child is in good health and does not have any condition that will present a danger to him/herself or others.</p> <p>I/We do hereby waive, release, absolve, indemnify and agree to hold harmless USL LLC, its directors, the organizers, sponsors, supervisors, coaches, referees, from any claim or cause of action arising out of injury to my/our child or any action involving my/our child, whether as a result of negligence or for any other cause or reason. I/We understand that our child is responsible for regular attendance and that young children should have a parent or guardian present at all games and practices.</p>
Parent Signature _____ Date _____
<i>Please mail completed registration form and check as shown below:</i>
Check \$145 payable to: USL, LLC
USL, LLC 139 Centre St. PH# 138 New York, NY 10013

