



**United States Sports Dart Alliance**  
Youth Registration and Waiver Form

Participant Name: Peter Stewart Jr

Boy:  Girl:  Date of Birth: 9-11-05 Fee:  \$15.00

Address: 120 Willow Oak Trl

City: Clayton State: NC Zip: 27520

Parent/Guardian Name: Peter Stewart

Address: 120 Willow Oak Trl

City: Clayton State: NC Zip: 27520

Phone: 347-257-4335 Email: Dswystew2004@gmail.com

- \* By signing below I certify that I have read, understand and agree to the conditions and terms of this agreement.
- \* I certify that I am the parent or guardian of this youth player and that the information provided above is accurate to the best of my knowledge.
- \* I hereby release the United States Sports Dart Alliance, their event staff, their sponsors and partners from any and all causes of actions and or claims for any physical injuries or personal losses associated with our event.
- \* The USSDA reserves the right to modify or cap the event as needed. Brackets require at least 4 players to be held.
- \* I authorize the publication of any photography taken for or during this event for use of promoting or advertising future programs, unless I give written notification to the USSDA prior to the start of the event.
- \* Players and parents or guardians are expected to exhibit good sportsmanship towards all players, parents, guardians, USSDA officials, sponsors and vendors.

Parent/Guardian Signature: 