

NLB Fall Ball Ages 7-10
Instructional Basketball Skills
Email: nextlevelorg2@gmail.com
Website: www.iithenextlevel.com

Player Registration:

Players Name: _____ Phone: _____

Mailing Address: _____

School: _____ Grade: _____ DOB: _____ Age: _____

Players Email Address: _____ Home Phone: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Parent's Email Address (Required): _____

Emergency Contact (Name here) _____

_____ Height: _____	_____ Weight: _____
_____ heart defect/disease	_____ asthma
_____ seizure disorder	_____ anemia
_____ diabetes	_____ bleeding disorder
_____ ulcer	_____ migraine
_____ other	_____ hayfever/allergy
_____ contact lenses	_____ nose bleed
_____ drug allergy:	

Liability Waiver:

I give my permission for to participate for Instructional Basketball Skills Training with II The Next Level and certify that he/she is physically fit to participate. I understand that participation in Basketball could result in a injury to my child. In the event that, I cannot be reached in case of emergency, I give permission to provide emergency medical care for my child as needed. I understand that every attempt will be made to reach me before medical care is administered.

SIGN: Parent's Signature/Date: _____