

NLP 2006 Pre-Season Mini Clinic Registration Form

Athlete Information		
Name:	Email:	Date of Birth:
Address:	Phone:	Age:
City, State, Zip:	Cell:	Year: Fresh Soph Junior Senior

School Information
School:
Coach:
Position:
Team Played On Last:

Family Information		
Parents Name:		
Parents Address:		
Home Phone:	Work Phone:	Email Address:
Emergency Contact Name/Relationship:		Contact Number:

Payment Information	
Mini Clinic Session/Date/Time:	
Mini Clinic Total Amount:	<i>(Non Refundable)</i>
Form of Payment:	
Fax Registration To NLP: 847-821-7946, Mail Payment To: NLP, P.O. Box 5413, Buffalo Grove, IL. 60089 (Mailed Payments Postmarked By October 10th). Drop Off Anytime or Walk-In 10/11-12 6-9pm (Prairie Stone Facility). Payment Deadline October 12th.	

WAIVER AND RELEASE OF LIABILITY

I understand that although Next Level Performance, Inc.'s programs are designed to provide a safe level of beneficial exercise, training and enjoyment, there is an inherent risk that participation in such exercise and training activities may result in personal injury(ies) to me. Therefore, I hereby specifically agree to assume any and all risks of personal injury(ies) to me while participation in Next Level Performance, Inc.'s programs, and I hereby waive any and all claims or actions I may have against Next Level Performance, Inc., its agents and employees, as a result of and/or for such injury(ies), including, but not limited to the following:

1. Personal injuries arising from my use of any exercise equipment;
2. Personal injuries arising from my participation in supervised and/or unsupervised activities and/or programs in any area of the training facility in which the Next Level Performance, Inc. program is administered;
3. Personal injuries and/or medical disorders resulting from exercising and/or training in said training facility including, but not limited to, heart attacks, strokes, heat stress, sprains, broken bones, torn muscles, torn ligaments, etc.;
4. Accidental personal injuries within said training facility;
5. Aggravation of preexisting medical conditions, medical disorders and/or physical injuries. I specifically agree to hold Next Level Performance, Inc., its agents and employees, harmless from any and all legal actions that might arise out of such injury(ies).

I also acknowledge the existence and the necessity for rules and regulations governing my participation in Next Level Performance, Inc.'s programs, including but no limited to those governing the use of equipment, facilities, and participation in programs and services. I hereby agree to comply with all applicable rules and regulations promulgated by Next Level Performance, Inc.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE, AND FULLY UNDERSTAND ITS CONTENTS. I ALSO ACKNOWLEDGE THAT BEFORE I SIGNED THIS AGREEMENT, INCLUDING THE WAIVER AND RELEASE, I HAD THE REASONABLE OPPORTUNITY TO EXAMINE IT.

Applicant's signature _____

Date _____

Parent/Guardian Signature _____

Date _____

(If Applicant Under The Age Of 18)