

Chicago Bulls Champion & ESPN Analyst, Dickey Simpkins

4th Annual NLP Basketball Skill Development Fall League

Information and Registration Form

Dates:

Sundays, September 12 - November 7, 2010 (Game times will be from 11am-6pm)

Schedule will be posted by September

*** Please Bring a Basketball to Every Fall League & P.S.T. Session!**

Ages:

Boys Grades 9th-12th

Boys Grade 6th-8th

Location:

Prairie Stone Sports & Wellness Center, 5050 Sedge Blvd., Hoffman Estates, IL

Contact: NLP Office: 847-325-5534, **NLP website:** www.trainnlp.com

NLP Fall League Evaluations:

Sunday, September 12th - Boys Grades 6th-8th, 12-2pm

Boys Grades 9th-12th, 2:30-4:30pm

Fall League Features:

- 40 Minute Games, 8 Games (4th-8th - 32 Minute Games)
(Sundays Only, Sept 12th - Nov. 7th)
- Skill Development Training Before Every Game
- Trained By Chicago Bulls Champion, Dickey Simpkins and NLP Staff
- Evaluated By College Coaches and Scouting Services
- Early Evaluation for 2010 Fall travel teams and 2011, Team NLP-AAU 10U - 17U (www.trainnlp.com/aau)
- NLP Jersey/Shirt & Player Awards
- One on One Competition (**Bulls game tickets (2) awarded to One on One Champion**)
- **Fall League Fee: \$300**

*** Payment Received by August 6th, receive a \$20 discount!**

*** Bring a Buddy Discount, \$15 off (1 buddy)!**

(Have a buddy sign up for the NLP Fall League and receive a \$15 discount, **1 buddy**)

Extra Feature:

- Position Specific Training (**P.S.T.**)
- Tuesdays, Sept. 14th - Nov. 2nd, 8 Sessions (Lake Forest Academy Prep)
- Wednesdays, Sept. 15th - Nov 3rd, 8 Sessions (Prairie Stone Facility)
- Session Time: 6:30-7:30pm (**Boys 6th-8th**), 7:30-8:45pm (**Boys 9th-12th**)
- Trained By Chicago Bulls Champion, Dickey Simpkins and NLP Staff
- **P.S.T. Fee: \$400 (8 sessions, Tuesdays or Wednesdays)**
- **P.S.T. Fee plus Fall League: \$650**

*** Please Bring a Basketball to Every Fall League & P.S.T. Session!**

* Directions to game and training facilities: www.trainnlp.com/location

NLP Fall League - Registration Form

Athlete Information		
Name:	Email:	Date of Birth:
Address:	Phone:	Age:
City, State, Zip:	Cell:	Year: Grade 6-8 Fr. So. Jr. Sr.
Height:	Weight:	Graduation Year:

Basketball Information	
School Team:	
School Address:	
Coach:	Players Position:
Last AAU team played for:	Jersey/Shirt Size: S M L XL 2XL

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

Payment Information
Please Check Package: Fall League: \$280 (Before 8/6/10)____ \$300 (After 8/6/10)____ P.S.T. \$400 ____ Fall League + P.S.T. \$630 (Before 8/6/10)____ \$ 650 (After 8/6/10) ____ Fall League + P.S.T. + Bring a Buddy (1) \$615 (Before 8/6/10) ____ \$635 (After 8/6/10)____ Please list Buddies 1. _____ (Please Indicate Buddies name who has registered)
Please Check Payment: ____On-Line ____ Mailed Check ____ Dropped off @ Prairie Stone or NLP Office
Fax registration form to NLP office. Office: 847-325-5534 Fax: 847-325-5566. Mail payment to: NLP, 250 Parkway Dr. Suite 150, Lincolnshire, IL 60069. Drop offs during business hours @ Prairie Stone or NLP Office. Pay on-line @ www.trainnlp.com. Payment before August 6th, \$20 discount. Walk-in at event if roster space is available. No refunds.

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)

Model Release

For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, the undersigned, hereby irrevocably consent to and authorize Next Level Performance, Inc. a Illinois corporation ("Next Level Performance, Inc. (NLP)), and/or anyone authorized by Next Level Performance, the use and/or reproduction of (i) any and all photographs containing my person, image or likeness: (ii) any and all audio recording containing my person, name or voice: and/or (iii) any and all video recording containing my person, image, likeness, name or voice: for any lawful purpose whatsoever.

Signature: _____

Parent/Guardian Signature: _____
(If applicant under the age of 18)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Age: _____

Acknowledged:

Next Level Performance, Inc. Representative