



REGISTRATION FORM

Basketball____ Volleyball____
Bquick Speed/Agility____ Camps____ Other____
Spring____ Summer____ Fall____ Year____

Students Name_____
Age_____ DOB_____ Gender_____
School_____ Grade_____
Training_____ Teams_____
Any Injuries or conditions_____

Parents/Guardians Names_____

Address_____

City_____ Zip_____

Email(1)_____ Email(2)_____

Phone(H)_____ Cell_____

Emergency Phone_____

Fathers Place of Employment_____

Title and / or Position_____

Mother's Place of Employment_____

Title and / or Position_____

Waiver of Liability: I agree that I will not hold Northshore Sportsplex, Northshore AAU Titans, or Charles Tracey responsible for any injuries sustained or illness contracted while a participant at or on the premises of NSSP, LLC

Parent Signature_____ Date_____

Please make your check payable to "Northshore Sportsplex" and mail to us at 563 Greenluster Dr., Covington, LA 70433.