



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.