



**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.