

**Next Level Sports Center  
Camp, Clinic or Class Registration  
General Registration Form**

Next Level Sports Center  
106 B Somerset Place  
Carrollton, Ga

Players Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Event Name \_\_\_\_\_ Date of Event \_\_\_\_\_ Session (if applicable) \_\_\_\_\_  
Circle: Baseball/ Softball/ Soccer/ Flag Football/Speed and Agility/ Other \_\_\_\_\_  
T-shirt size: \_\_\_\_\_  
Players Address \_\_\_\_\_  
City \_\_\_\_\_  
Zip \_\_\_\_\_ email address \_\_\_\_\_

Parents Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_

**Payment Information**

Method of Payment:       Visa                       Mastercard                       Check  
Make checks payable to:                      Next Level Sports Center

**NOTE: Registration deadline is 48 Hours prior to event start date**

**Cancellation Policy:** No refunds will be provided for failure to show for your scheduled event date. Cancellations within 5 days of event date will be refunded at ½ the fee rate. Cancellations prior to 5 days will be fully refunded.

**Release and Waiver of Liability** (Please read carefully before signing)

I \_\_\_\_\_ (parent or guardian name) understand that injury may result from participation in any camp/clinic/class related activities. I hereby release Next Level Sports Center, the owners, the instructor staff, employees and agents from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any property loss, damage, or injury, including death, that may be sustained by my child while participating in such camp activities, or while in, on, or upon the premises where the activity is being conducted.

I, the undersigned parent, guardian, or participant of legal age do hereby grant authority to the staff of Next Level Sports Center to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Signature

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Parent or Guardian