



Registration Form

Level _____

Start Date _____

Day/Location _____

Participant's Name _____

Parents Name _____

Complete Address _____

Email _____

**Please be aware that we communicate almost exclusively via email.*

Phone _____

Grade _____

School _____

Emergency Contact

Emergency Contact

Phone _____

Parent's Name _____

I hereby grant permission for my son/daughter to attend *Next Level Athletes* Volleyball Clinic. My child has no medical condition that would interfere with his/her participation. I release Bonnie Pettigrew and the coaching staff from any liability from any injuries that may occur.

Parent/Guardian Signature

Date

Amount Paid _____

Check No. _____

**No refunds will be given without extraordinary circumstances*

Mail form and payment to: Next Level Athletes – 2105 Ohio St – Lisle, IL 60532

WWW.NEXTLEVELATHLETESINC.COM