

NSL OFFICIAL REGISTRATION

TEAM _____ AGE GROUP _____

Print Participant's Name _____ Student ID # _____

All Participants must have insurance to participate!! Does your child have medical insurance? (Check one)

____ Yes. Current medical insurance provider _____

____ No. I would like information on attaining insurance.

Current medical conditions (e.g. Allergies or illnesses) _____

Emergency Contacts

Parent/Guardian's name. Parent/Guardian's Phone Number(s) _____

Other to contact in case of emergency

Relationship	Phone # 1	Phone #2
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I trust the judgment of this organization to discipline when necessary, in order to maintain the integrity of the event, the facility and this organization. I hereby allow the NSL to verify my child's age through school's records in order to establish eligibility.

I hereby certify that I have read this document; and, I understand its' content.

Participant's Signature

Date

Parent's Signature

Date

(for participants under 18 years old)

Please See Other Side for Photo & Birth Certificate