

The ‘NEXT’ 2024 SPRING ACADEMY

PLAYER INFORMATION:

# Players Name Age Grade

Address City State Zip

E-mail address:

T-shirt size School

# PARENT/GUARDIAN INFO

Parent/Guardian Name Relationship

Home Phone ( Work Phone (

In an emergency when parent/guardian cannot be reached, please contact:

Name Home Phone (Cell Phone (

# MEDICAL INFORMATION

Allergies/Medical conditions

Injuries in the past 12 months

# WAIVER OF LIABILITY, AUTHORIZATION FOR MEDICAL CARE AND PHOTOGRAPH USE

In consideration of and as a condition of the above listed player's (the "Player) acceptance and participation in Nothin' But Next Training/League and recognizing the possibility oi physical injury associated with basketball and performance training, I hereby for the Player and myself, our heirs. executors and administrators, waive and release. discharge and/or otherwise indemnify the Company and its associated personnel, including the owners of facilities utilized for the Training/League against any claim by or on behalf of myself or the Player resulting from the Player's participation in the

Training/League that Is now existing or hereafter may exist for damage or injury to the Player, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with the Player's participation in the Training/League. I further agree to indemnify and to hold the Training/League (including its associated personnel) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or the Player may cause or sustain while participating in the Training. I further agree that this waiver, release and assumption of risks shall be binding on the heirs and assigns of the undersigned and the Player. I understand that medical insurance coverage is the responsibility of the parent or guardian of the Player. I understand the Training/League cannot accept responsibility for personal items lost or stolen. I authorize the Training Staff to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event. I give the Training permission to publish in print, electronic. or video format the likeness or image of the player. I release all claims against the Training with respect to copyright ownership and publication including any claim for compensation to use of the materials. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.



(Parent/Guardian Printed name) (Parent/Guardian Signature) (Date)