

NESTARZ TOP 120 SHOWCASE



INDIVIDUAL REGISTRATION FORM

PAYMENT PAYABLE TO: NESTARZ

MAIL PAYMENT TO: NESTARZ, P. O. BOX 1148, LOWELL MA 01853

Please complete this form to the best of your knowledge. This information will be used to provide the necessary information to be included in the College information packages.

PART B:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ (CHECK ONE)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Height \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

School Coach \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

HS Position: PG Level Played Last Year: Varsity JV Freshman Post-grad

AAU Team \_\_\_\_\_ AAU Coach \_\_\_\_\_ AAU Coach Phone (\_\_\_\_) \_\_\_\_\_

PSAT Score \_\_\_\_\_ SAT Score \_\_\_\_\_ Class Rank \_\_\_\_\_ GPA \_\_\_\_\_

Intended Field of Study \_\_\_\_\_

I/we realize that for my/our child, or for myself, that participation in the active, physical sport that I/he/she am/is undertaking at the Rockingham Athletic Club, can result in injuries during participation. I/we have sought the opinion of my/our child's pediatrician/physician and he/she concurs that the participant is fully capable of safely participating in this activity. I/we understand that it is my/our responsibility in caring for the participant(s) listed above and I/we are confident that he/she is fully capable of engaging in this activity. I/we further agree to hold harmless the NESTARZ Corporation from any and all legal and financial liability connected with providing facilities for the purpose of participating in athletic and related activities. I/we, our heirs, executors, administrators and assigns waive, release and forever discharge the NESTARZ Corporation, its directors, employees, any and all related parties from all rights and claims for damages, injury or loss of person or property which may be sustained or occur before/during/or after participation on the premises of the NESTARZ whether or not due to negligence. I/we take full responsibility for accidents or injury to, or caused by, my child or myself during, participation, or otherwise, while on the NESTARZ premises. I/we hereby certify that I/we have medical insurance to cover injury to my child or myself. In the event of injury or illness, the NESTARZ has my permission to seek any emergency medical treatment deemed necessary for me/or my child.

Signature of Parent/Guardian \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy No. \_\_\_\_\_

FOR OFFICE USE ONLY:

Date \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_ By \_\_\_\_\_