1st Annual
NeX Level
Youth Football Camp
“Tomorrow’s Leaders Today”

Come learn from the nation’s top athletes and coaches! Our approach to this camp is going to be FUN, fast paced, and aggressive! Our staff will teach proper techniques, false step elimination, and different position specific drills.

Our 3 day camp will also focus on life building skills by laying the foundation for creating a positive attitude towards peers, leadership roles, sportsmanship & character.

**COST:**

$75.00 per athlete (Ages 7 -13)
$50.00 per athlete if more than one athlete per household

Includes - Professional Knowledge, T-shirt, Nex Level Sports Training Discounts & Camp Awards

**Make checks payable to:**
NeX Level Sports Training
(put “Youth Camp” in memo / for section)

**DATES:**

Monday July 28th through Wednesday July 30th
8am to 11am at Eastgate Park (Benton-Franklin County Fairgrounds)

Check-In each day begins at 7:30am SHARP!

For more information or to Register Online:

J.R. Thomas
(570) 509-6946
www.nlsportstraining.com
jr@nlsportstraining.com
Nex Level Football Camp
Registration Form

Please complete the registration and medical release forms along with check, or money order before July 15th and mail to:

Nex Level Sports Training
8524 W. Gage Blvd. A-1 #238
Kennewick, Wa 99336

Athlete’s Name: ________________________________________________________________
Athlete’s Email: __________________________________________________________________
Address: _______________________________________________________________________
Parent/Guardian Name: ______________________________________ Day Phone: __________________
Cell Phone: ____________________________ Email: _____________________________________
Shirt Size: (Please circle)
   Adult: S   M   L   XL   XXL

How did you hear about us? (Please circle)
Radio    News Coach       Flyer        Other_____________________________________________

Emergency Contact / Health Insurance Information
Participant’s Name: ______________________________________________ Age: __________
Date of Birth: __________________________

Emergency Contacts
Contact’s Name: __________________________ Relationship: _____________________________
Home Phone: ___________________________ Cell Phone: ___________________________
Contact’s Name: __________________________ Relationship: _____________________________
Home Phone: ___________________________ Cell Phone: ___________________________

Health Insurance
Insurance Company __________________________________ Other: ___________________________
Policy Number: __________________________ Group Number: ___________________________
Policy Holder’s Name: _____________________________________________________________
Family Doctor: __________________________________________________ Phone Number: __________
Health History / Medical Release

Do you have any activity restrictions that would prevent you from full camp participation? If yes, please explain: _________________________________________________________________

___________________________________________________________________________

Do you have any allergies? If yes, what are they? __________________________________

___________________________________________________________________________

Please give the name and dosage of any medication you are currently taking (If athlete needs any medication during camp please bring in sealed bag with name on it.):

___________________________________________________________________________

___________________________________________________________________________

Medical& Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact, immediately, the person(s) listed as emergency contact(s) for this child. If my child/ward is injured during the activity dates shown on this form I cannot be reached. I hereby give my permission for the coaching staff of NeX Level Sports Training to seek immediate medical care I also give the physician and/or dentist permission to begin medical treatment immediately.

I understand that extreme safety precautions will be taken at all times by NeX Level Sports Training coaching staff and its agents during youth football camp. I understand the possibility of unforeseen hazards and know that there are inherent risks involved for participants attending football camp. I agree not to hold NeX Level Sports Training coaching staff, its leaders, employees or volunteers financially liable for damages, losses or injuries incurred by the athlete whose parent/guardian signs this form. I agree NOT to hold the Eastgate Park, or the Benton-Franklin Fairgrounds, their employees and volunteers liable for any damages, losses or injuries incurred by the athlete whose parent/guardian signs this form. I understand that I am financially responsible for my child/ward’s medical care should it be required.

SIGNATURE: ________________________________________________________________

(Signature of parent/guardian required if participant is under the age 18)

DATE: __________________________