



Register now!!!
If you have questions please contact Jason
Verdugo at 651-523-2035 or
jverdugo@hamline.edu

Player's Name _____

Parent's Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email _____

(Email: to confirm your registration and for further information and updates throughout your time with Next Level Baseball Training)

High School _____ **Graduation Year** _____

PLEASE LIST THE PROGRAM(S) YOUR CHILD WILL ATTEND.

Program	Date	Fee
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

T-Shirt Size

Adult: XXL XL L M

Please read and sign the Medical Consent and Release of Liability below to complete registration.

In consideration of my child's participation, I agree that all activities undertaken by me or my child as part of the program are undertaken by me or my child at my or his/her own risk: that Hamline University and Next Level, its employees, agents and volunteers, shall not be liable of any claim, demand, injury, damage, action, or causes of action whatsoever to myself, my child, my property or my child's property due to the passive or active negligence of Hamline University or Next Level, it's agents, employees or volunteers arising out of, connected with our participants in, or the operation of equipment in this program; and that I expressly forever release and discharge Hamline University and Next Level, it's agents, employees or volunteers from all such claims, demands, injuries, damages, actions or causes of action whatsoever. I understand that my signature is required before me or my child's participation in this program is allowed. I have read this agreement carefully and know and understand its contents. I agree to participate, or allow my child to participate in the program sponsored by Next Level. I understand that participation in the program is completely voluntary and that the program is being offered as an optional activity for the benefit of the participants, and that there is no requirement to participate in the program.

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical, and/or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and danger of accident and knowing those risks I hereby assume those risks. In, addition, I understand that by signing this agreement, I hereby release and discharge Hamline University and Next Level from any and all liability resulting in any injury associated with the participant's involvement in this activity. I agree that pictures taken during the program hours may be used for future promotional purposes. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. Hamline University or Next Level will not provide health and/or accident insurance for the program participants.

I understand that Next Level has the right to remove my child from participation in this camp for any reason they see fit.

Signature _____ **Print Name** _____ **Date** _____

Register online at: www.nlbrtraining.com

Make checks payable to: Next Level Baseball Training

Mail registration form and fee to: Next Level Baseball Training

PO BOX 240953
St. Paul, MN 55124