



2018 WINTER LEAGUE



www.tnlsportsfacility.com

105 Carlton Dr Owensboro KY 42303

Registration open now thru January 9th, 2018
Registration is open to grades 2-9 both boys and girls
1-2 games per week (8 game minimum per team)
Games & Practices will be on Tuesday and Thursday
ALL GAMES AND PRACTICES WILL BE @ The NEXT Level
Evaluations January 11th, 2/3 @ 5:30pm 4/5/6 @6:30pm
7/8/9 @7:30pm

The season will run through the middle of March.
Cost is \$85 dollars per player. Second child discount will be \$65
Admission to games will be \$2 for adults (discounted season passes will be available)

Volunteer coaches needed

Players Name: _____ School: _____ Grade (2017-2018): _____

Address: _____ City: _____ Zip: _____

Phone #: (____) _____ - _____ Age: _____ Date of Birth: __/__/____ Email: _____

T-shirt size: (Youth) S M L (Adult) S M L XL 2 I will volunteer to be a coach : _____

Height: _____ Skill level: (1 weak-5 very strong) _____ Gender: M / F

Parent/Guardian Info

Name: _____ Phone#: _____ Relationship: _____

For more information please contact Joel Miller or Mo Burgess @ **The Next Level** (270) 683-1354
Hours 4-8pm Mon. & 2-8pm Tues-Fri. tnlsportsfacility@gmail.com
-Late Registration please add \$15 per player signed up after January 9th, 2018

All Parents and Player Must Read & Sign The Waiver In Order To Participate

I, the undersigned, realizing that there is risk inherent in any recreational & competitive activity, & in consideration of my child being allowed to participate in this activity, I assume all risks in connection with this activity. I further agree to release, indemnify, & hold harmless The Next Level, LLC, its officers, officials, coaches, employees, & agents from any and all claims and liabilities of any type whatsoever, and for damages to, loss or destruction of any property or injury, sickness or death which may now or hereafter arise out of, result from, or in any way be connected with my participation in this activity. I understand it is my responsibility to obtain health insurance. I grant The Next Level permission to seek medical treatment for myself/my child in the event I am unavailable or unable. I acknowledge that TNL, LLC may utilize my name, address, and likeness & hereby waive all rights to compensation for their use in the promotion and operation of TNL, LLC. I further state that I am of lawful age & legally competent to sign this release, that I understand the terms herein are contractual & are not mere recital; & that I have signed this document of my own free act.

Parent/Guardian Signature: _____ Date: _____