



# Enrollment Form

Battle Creek, Albion, Benton Harbor, Jackson  
Kalamazoo & Lansing  
(269) 964-4172

Date: \_\_\_\_\_ Youth Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Gender:  Male  Female

Email Address: \_\_\_\_\_

I want to enroll my child in the following program(s):

- Football  Cheerleading  Baseball  Softball  Boxing  Golf  Track and Field  After-School Enrichment
- Basketball  NLS Business School/Urban Vision  Girls Unlimited  Sports & Education Summer Program

Male Head of Household \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Female Head of Household \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency medical conditions of youth: \_\_\_\_\_

Please contact me because I am interested in volunteering in the following areas(s):

- Concessions  Afterschool meal preparation/service
- Coach/Assistant Coach  Personal growth assistant
- Afterschool Enrichment/Tutoring  Other (please list): \_\_\_\_\_

## CONFIDENTIAL INFORMATION FOR PROGRAM & FUNDING USE ONLY

**Race/Ethnicity of Youth**  African American  Caucasian/White  Hispanic  
(Check one)  Asian  Native American  Multi-racial

**Youth Lives With:**  Both parents  Mother only  Father only  Mother/Stepfather  
(Check one)  Father/Stepmother  Court appointed  Foster home  Legal guardian

**Family Income Level**  Less than \$10,000  \$10,001-\$20,000  \$20,001-30,000  
(Check one)  \$30,001-\$40,000  \$40,001-\$50,000  More than \$50,000

I hereby give my consent for the New Level Sports Ministries to use my child's photograph and likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor child and attest that I am the parent or legal guardian of the child listed below.

My child has permission to participate in the new level sports athletic programs. I hereby release and waive any and all claims against new level sports and any agents, representatives, officers, board of directors, coaches, and other personnel of the same, from any responsibility of liability or liability for any injury, loss or damage which may hereafter be suffered or sustained by my child arising out of their playing or participating in this program. This includes while competing, traveling to or from any game, practice or activity sponsored by new level sports or while a spectator at any game or practice.

I authorize the head coach of my child's team, new level sports staff, or emergency personnel to seek and/or provide medical attention for my child if i cannot be contacted.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

*To maximize and balance the intellectual, spiritual, mental, and physical elements of our participating student-athletes.*