



**School/Club Information**

Please print legibly, using ink only, and fill in all the blanks

Name		Date
Street Address	City/Town	Postal Code
Teacher/Club Representative		Job Title
Phone	Fax	E-Mail Address

**Coach Information**

Coach	Phone
Coach	Phone
Coach	Phone
Coach	Phone

**Athlete Information**

Name	Age	Birth Date (dd/mm/yy)	MCP	Phone	Email
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Alternate Athletes					
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41.					

### School/Club Declaration

As the Principal/Club Owner I confirm that all Participants are students/members of the indicated school/gym and are a member in clear standing of the indicated team. I also confirm that the undersigned are indeed the coaches of the indicated team and are in clear standing with the school/gym.		
Principal/Club Owner Signature	Date	Phone

### Coach Declaration

As a coach I understand that all participants must have a fully completed waiver form on file in order to participate in an event sponsored by NLCA.	
Coach Signature	Date
Coach Signature	Date
Coach Signature	Date
Coach Signature	Date