

Registration Form

Cost: Day option: \$450; Overnight option: \$650.

Please email registration form and waiver to je @je Levincoaching and pay with your credit card at www.paypal.com to je @je Levincoaching.com or mail along with check payable to Je Levin, PO Box 281, Henniker, NH 03242.

Registration must be received no later than Friday, June 9, but space is limited, so register early to avoid disappointment.

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Date of birth: ____/____/____

High School: _____ Graduation date: _____

High school coach: _____

Sport: _____

Three goals for athletics/life:

1. _____

2. _____

3. _____

Parents' names, contact numbers, and email addresses:

Names _____

Phones _____

Email _____

Workshop Waiver

Coverage for accidental injury is required by all participants. In most instances, family health insurance will suffice.

Insurance policy: _____

Policy #: _____

I/We, being the legal guardian(s) of the applicant, _____

_____, authorize Je Levin, Brian Meehan, and their agents permission to request medical treatment as necessary to insure the well-being of my dependent.

Guardian(s) Signature: _____

_____ Date: _____

I/We the undersigned, for ourselves, our heirs, executors, and the administrators, waive and release and forever discharge Je Levin, Brian Meehan, Brandeis University, staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to person or property which may be sustained or occur during participation in the camp.

I/We understand that the applicant is in good physical and emotional condition, allowing him to participate in this Levin Student-Athlete Workshop.

Guardian(s) Signature: _____

_____ Date: _____