



Triple Threat Performance

Baseball Athletic Development

Where B.A.D. is Good!

WINTER ADVANCED HITTING BOOT CAMP 2010 REGISTRATION FORM

Date: ____/____/____

For Office Use Only:

Date Entered: ____/____/____ By: _____ Pmt Recd:\$ _____ Cash / Check:# _____

Client Information:

Last Name: _____ First Name: _____

Birthdate: _____ Current Age: _____ Current Grade: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ How did you hear about Triple Threat? _____

Parent/Guardian Information:

Wednesday Evenings 7:00-8:30pm (8 weeks)

Last Name: _____ First Name: _____

Relation to Player: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____ **Payment in Full: \$360 (\$342 - 5% discount)**

Emergency Contact Information:

3 Payments of 120 Nov, Dec & Jan 1st- = \$360

Name: _____ Phone: _____

Health Insurance Carrier: _____ Policy Number: _____

Do you have any medical problems or allergies that may interfere with Triple Threat training? _____

Describe problem or limitations: _____

Do you require medication for this with you? If yes, describe: _____

MEDICAL TREATMENT & LIABILITY RELEASE

Vigorous Activity: The training I intend to participate in will involve vigorous athletic activity and may include, but is not limited to weight training, plyometric training, speed training, baseball hitting, baseball catching, baseball throwing, and general baseball movements. Due to the nature of the activity the possibility of serious injury/death does exist as with any athletic activity. I acknowledge that these activities involve certain risks and I understand that being a part of a Triple Threat training program that I voluntarily assume these risks. I mean to include in the assumption of risk, the risk of injury, no matter how serious.

Parental Consent: I/we, the undersigned Parents/Guardians do authorize Triple Threat Inc. and its staff, coaches, volunteers, employees and officers to seek treatment for injury or illness to my/our child. I/we authorize payment for treatment, either personally or through our family health insurance. I/we have read the above information about the risk of vigorous athletic activity. The participant is in good health and physically capable of participating in any practice, class or event. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent maintenance, or improper/dangerous equipment; it is intended to be as broad as permissible under Arizona Law.

I/we do authorize Triple Threat Inc. to use appropriate promotional photographs and videos taken of my child(ren), myself during any event, class, practice, etc. in the future publications, displays, websites or distributions (flyers, brochures, special event, etc.) I/we understand that there may be at any time continuous videotaping and photography taken during practices, lessons, camps, events, etc.

I/we acknowledge and are fully aware of the risks involved in the event and grant permission for my/our child to participate and assume those risks.

I/we further agree to hold harmless Triple Threat Inc. and its associated officers, coaches, employees, volunteers and staff for any injury sustained as a result of my/our child's participation in any and all events and/or travel. I/we in my/our own behalf of the Minor, have signed this document voluntarily and of my/our own free will.

Client Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____