

SUMMER ELITE TRAINING CAMP REGISTRATION FORM (print form out and mail or fax back)
Mail to: Triple Threat Inc 479 W Leah Ave Gilbert, Az 85233 (480)632-1858 FX (480)219-7424

Name: _____ Age at Camp: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Emergency Phone: _____

Birthdate: _____ Height: _____ Weight: _____

School: _____ Grade: _____ Year of Graduation: _____

Positions: 1) _____ 2) _____ Throw: R ___ L ___ Hit: R ___ L ___

TRIPLE THREAT INC,
AUTHORIZATION FOR TREATMENT AND RELEASE OF LIABILITY

Please make record that in case of our unavailability, we ask that you care for our minor child should the medical need arise. You are authorized to perform or arrange for whatever treatment necessary in our absence. I hereby release, exonerate and discharge the camp, and its employees from any and all actions, known or unknown, for any injuries incurred while at camp or on the way to or from camp.

Parent/Guardian

Signature: _____

Player

Signature: _____

Insurance

Company: _____

Policy

#: _____

Circle One Full Payment **\$700.00** 1st month payment **\$350.00**

Amount Enclosed: _____ Check #: _____ VISA/MC#: _____

Cardholder Name: _____ Exp. Date: _____

Cardholder Signature: _____

E-mail Address: _____