



Triple Threat Performance

Baseball Athletic Development

Where B.A.D. is Good!

REGISTRATION FORM

Date: ____/____/____

For Office Use Only:

Date Entered: ____/____/____ By: _____ Pmt Rec'd: _____ Check #: _____ Cash: _____

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:

Last Name: _____ First Name: _____

Relation to Player: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact Information:

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: _____



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CLIENT CONTRACT

Client Last Name: _____ **First Name:** _____

I agree to the following terms, conditions, and policies regarding the payment policies and attendance of each party involved while I am a client of **Triple Threat Inc.** This includes every session scheduled between Triple Threat Inc. and myself. (Initial all terms upon reading.)

- _____ Client is required to **PRE-PAY** for all scheduled training sessions.
- _____ A 24 hour notice of cancellation is required if a client is unable to attend a scheduled training session (emergencies will be handled accordingly).
- _____ If the client, without this prior notice, misses a scheduled appointment, Triple Threat Inc. will be compensated for the full amount of the training session.
- _____ All payments will be made with cash, check (payable to Triple Threat Inc.), or major credit/debit card and a receipt can be issued upon request. Automatic billing options are available.
- _____ All PRE-PAID training sessions (both individual & group) are non-refundable with the exception of medical or health complications. Also note, there is a \$25.00 fee for all returned checks or failed credit card payments.

If there are any questions or concerns regarding the terms, conditions, and policies implemented by Triple Threat Inc., please discuss them with one of our representatives.

I fully understand and agree to the terms listed above.

Client Signature: _____ Date: _____
 Printed Name: _____
 Parent/Guardian Signature: _____ Date: _____
 Printed Name: _____

CREDIT/DEBIT CARD INFORMATION

_____ VISA _____ MC _____ Discover _____ Amex
 Credit/Debit Card #: _____ Exp. Date: _____/_____
 Training Package: _____ Total Amount: _____
 Billing Name as it appears on Card: _____
 Billing Street Address: _____
 Billing City: _____ Billing State: _____ Billing Zip: _____
 Email Address for receipt: _____

I hereby authorize Triple Threat Inc. to initiate a credit/debit entry to my credit/debit card account indicated above. In the event a credit is made to my account in error, I authorize Triple Threat Inc. to make a correcting entry under the condition that I am notified of the adjustment.

I also authorize Triple Threat Inc to charge accordingly, future purchases to my credit/debit card above. This authorization is to remain in full force and effect until Triple Threat Inc. has received written notification from me on its termination in such time and in such a manner as to afford Triple Threat Inc. a reasonable opportunity for action.

Signature: _____ Date: _____
 Printed Name: _____