



**Creates Mental Toughness  
Affordable Action Packed Workout  
Develop Your Personal Skills in a Competitive Setting**

*Our coaches will teach innovative skills at game speed to help your athletes develop their strength, agility, quickness and talent. Our travel teams are competitive and fundamentally sound. The goals that are set will establish and reinforce proper form and execution. Focus areas include shooting, passing, rebounding, ball handling, post/perimeter footwork, and offensive/defensive sets.*

**SKILL Session Waiver Form**

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Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Adult T-Shirt Size (100% Cotton): S M L XL 2XL 3XL

Cash or Check - Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

*Thank You. Receipt of payment will be available upon request.*

I acknowledge and fully understand that the above activity involves risk of injury. I agree to hold harmless and take no legal action against any coaches, directors, managers, or any other Triple Threat representative or owner of the premises used for this event, for any injury that may occur en route, during, or upon departure from the premises unless it occurred through the gross negligence of one of the above mention individuals. By my signature below I attest that I have carefully read the above waiver and release and fully understand its contents, and understand that I give up substantial rights by signing it and sign it voluntarily.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please make checks payable to: Triple Threat Youth Organization**

2550 Desert Inn Road #491

Las Vegas, Nevada 89121

(702) 391-3093 office

(702) 215-2092 fax

**www.triplethreatyouth.org**