



### High Exposure Teams

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.

**Membership Fees:** \$100.00 (one time fee only).

**Practice Locations:** (Chaparral HS, Roy Martin MS, Saint Anne's CS, Cashman MS)

**Time:** To be announced at later date (Evenings/Weekends).

**Leagues/Tournaments Cost:** Will be determined in contract.

To be successful, you must take control of this process and you must learn how to maximize your chances of obtaining the athletic scholarship you are seeking. Athletes need to know where they can receive a scholarship and how to go about getting one; college coaches need to know about athletes who will best benefit their programs.

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

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

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

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

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

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

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

Parent/Guardian Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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 involve 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 mentioned 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**