

Triple Threat Colorado, Inc. Registration Form

Player Information (Please Print)

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Sex: M / F

Grade _____ School _____ Graduation Yr. _____

Parent(s) / Guardian(s) Name: _____

Home Address: _____

City: _____ Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Circle Participant's Shirt and Short Size:

(Youth Shirt: S / M / L / XL) Youth Short (S / M / L / XL)

(Adult Shirt: S / M / L / XL) (Adult Short: S / M / L / XL)

Triple Threat Colorado, Inc.

Release of Medical Consent and Release of Liability Form

We, the undersigned parent or guardians, hereby grant permission for my child, (player) _____ to participate in the basketball training. In consideration, of being permitted to use the provided facilities basketball gym, I hereby release Adams County School District, Triple Threat CO., Coaches, Trainers, its Trustees, Administrators, and Employees from any and all liability for any damage or injury that any participant or my child may receive while on the premises of said facility, both as the right of action that may accrue to myself, my heirs, personal representative. This release includes all claims, demand, rights and causes, of whatsoever kind of nature, arising from, and by reason of, any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, that hereafter may be sustained.

It is further understood and agreed that, I hereby authorize the Adams County School District, Triple Threat and Coaches/Agents to secure the necessary services for my child in the event of an accident or illness. Further, I will be solely responsible for the payment of those services.

Parent/Guardian: _____ Date: _____

Print

Signature: _____