



Hoop Speed and Vertical Leap Clinics

Speed Clinic: Monday October 17th 7-8 pm
Vertical Leap Clinic: Monday October 24th 7-8 pm

ONLY \$29.00 or \$50.00 for BOTH!

Developing game changing speed and vertical leap are skills. Speed, agility and quickness and vertical leap can be learned just like shooting, dribbling and passing.

Hoop Speed:

- Acceleration
- Lateral vs. Linear Speed
- Agility
- Cuts
- Braking skills

Vertical Leap:

- Power and Explosiveness
- Strength
- Landing Skills
- Timing and Rhythm

Pre-registration required. All payments with the form below must be received by Friday, October 7th.

Please complete and sign the entire form below

Athlete's Name _____ Age _____ Male _____ Female _____

Parent's Name _____ Phone _____ Cell _____

Email Address _____

Street _____ Town _____ Zip _____

Please include your check for \$29/\$50 +made out to Athletic Revolution and mail to: Athletic Revolution 42 Winter Street #9 Pembroke MA 02359

For and in consideration of the Athlete, _____, for whom I, _____ (Name), am the legal guardian of, being accepted into Athletic Revolution, I state and promise as follows: My child is mentally and physically capable of participation in all training. My child's participation is voluntary and I voluntarily permit my child to participate. My child's participation in training is an inherently dangerous activity and that the risk of participation include, but are not limited to, falls, collisions, cuts, broken bones, strains, torn ligaments, concussion and while highly unlikely, possible death. I hereby, for myself, my child, our heirs, administrators, executors, personal representatives and assigns, forever waive, release and discharge any and all rights to claims for damages and losses, whether monetary or otherwise compensatory, that I or my child may have against: (i) Athletic Revolution International, LLC and its directors; (ii) executive directors, owners, managers, officers, employees, members, representatives, and agents; (iii) all coaches, participants, organizers, supervisors, planners, and volunteers; and (iv) all city, county and state governments for any and all injuries sustained by me or my child arising out of association with, entry in, or participation in the training and any and all training activities. Athletic Revolution recommends that your child be examined by his/her physician before participation in any and all training activities. I hereby approve of my child's participation in Athletic Revolution training.

Champion's Name _____ Date _____

Parent/Guardian Signature _____

