



# Youth Hoop Speed and Vertical Clinic

Friday November 25<sup>th</sup> 2011  
10am – 11am  
Boys and Girls u10-u12  
**ONLY \$29.00**

Developing game changing speed and vertical leap are skills. Speed, agility and vertical leap can be learned just like shooting, dribbling and passing. Get an advantage over the competition during this intensive 1 hour clinic!

## Hoop Speed, Quickness and Vertical!

- Acceleration
- Multi directional Speed
- Side shuffling
- Agility
- Braking skills
- Power and Explosiveness
- Strength
- Landing Skills
- Timing and Rhythm

**\*\*Pre-registration required. All payments with the form below must be received by Friday, November 18th.**

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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 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 \_\_\_\_\_

