

# PEAK PERFORMANCE TRAINING

## PERSONAL INFORMATION



Mail completed application to  
***Coach Greg White, Peak Performance Training,***  
***P.O. Box 3883, Charleston, WV 25338***  
 Or fax ***304-342-1487.***

Check payable to ***Greg White*** or pay via ***PayPal.***

Please print neatly and complete entire form.

First Name		Last Name		
Street Address		City	State	Zip
(    )	(    )	E-mail Address		
Home Phone		Cell Phone		
Mother's Information		Father's Information		
Name		Name		
Phone (    )		cell? work? home?		Phone (    )
Email		Email		
Emergency Contact's Name (other than parent)		Emergency Contact's Phone		
Age	Grade	Date of Birth	Ht	Wt
How did you hear about Peak Performance Training?				

I hereby desire that my child participate in Peak Performance Training offered by Greg White and by the execution of this release, I acknowledge and agree that all the requirements, directions, supervisions and standards set by the directors of this program, hereby intending to release Greg White and the personnel associated with this training from liability that may result from his/her participation. Furthermore, if I cannot be reached, I give Greg White or his staff permission to act accordingly to their best judgment in any emergency situation.

Parent must initial agreement below:

**I agree to the mandatory six sessions in order to allow enough time for maximized improvement of desired basketball skills.**

Parent's Printed Name		Parent's Signature	Date
Student's Printed Name		Student's Signature	Date



## GETTING TO KNOW YOU



**How many years of experience do you have?**  
**At what levels (college, high school, middle school, AAU, Upward, Optimist, etc.)**

**Tell me about your game! What are you GREAT at? Give me details!**

**What areas do you want to improve? Be specific!**

**When would you like to begin training? Which days and times fit best into your schedule?**