University of Minnesota Morris, Track
Cougar Throws Clinics are directed by Coach Josh Kuusisto.

SATURDAY, JUNE 16, 9 a.m. to 11:00 a.m.

This clinic is open to boys and girls entering grades 4-12th in fall 2018. This clinic will focus on the fundamentals of Shot Put and Discus. Along with some basic strength principles. It is guaranteed to be lot of fun!

Camp Fee: $35 (T-Shirt Included)

Only 30 spots available to secure your spot as one of the top 30 Email Josh and send in your payment and registration

Coaches are welcome to attend and observe for free of charge, with one paid athlete. There will be time for coaches after the conclusion of the camp to ask training and periodization questions.

USATF Throws Meet to Follow Clinic!

Cost
First Event is $20 Each event after $5

Events that will be contested Weight, Discus, Javelin, Shot-put, Discus and Hammer.

You are encouraged to bring your own implements. The following implements weights will be available for use. 2k, 6lb, 3k, 4k, 12lb, 7.26k Shot put, 1k, 1.6k, 2k Discus, 3k, 4k, 12lb, 7.26k hammer, 600G and 800G Javelin

Awards
The top thrower in each event will be awarded a T-Shirt

Meet Registration & More Information
https://sites.google.com/morris.umn.edu/morrisareathrowsseries

Questions
Jkuusist@morris.umn.edu or (320)589-7026
2018 COUGAR THROWS CLINIC REGISTRATION
To register & secure your spot
Make checks payable to: University of Minnesota, Morris.
Mail to: University of Minnesota Morris PE Center ATTN:Throws Clinic, Morris, 600 E. 4th St., Morris, MN 56267.

Name __________________________________________ Age ________ Grade(Fall 2018) _____________

Address ________________________________________ Home Phone (______ ) _________________________

City ___________________________ State _________ Zip ____________________________

Email address _____________________________ @ ________________________________

CAMP: $35 (Includes Free T-Shirt)

☐ Small  ☐ Medium  ☐ Large  ☐ X-Large  ☐ XX-Large  ☐ XXX-Large

CLINIC REGISTRATION, WAIVER AND RELEASE
I, the undersigned, wish to register my child, named above, as a participant in the above- named CLINIC, including related activities, and agree that:
• The risks from activities involved in the Clinic is significant, including serious injury and death; and while rules and equipment may reduce the risk, the risk does exist;
• I knowingly assume all such risks, both known and unknown, and assume full responsibility for my child’s participation in the Clinic;
• I, for myself and my child, my heirs and next of kin, hereby release, indemnify and hold harmless Regents of the University of Minnesota, Morris Campus, the Department of Athletics, their regents, officers, officials, agents, employees, volunteers, Clinic leaders and instructors, sponsors and advertisers (“Releasees”) with respect to any and all injury, including death, loss or damage to person or property, whether arising from the negligence of Releasees or not, to the fullest extent authorized by law.
• I hereby authorize the Clinic directors, instructors and staff to render first aid and/or obtain any medical treatment deemed necessary. I will be financially responsible for all charges incurred in the rendering of such treatment regardless of whether my medical insurance covers such charges.
• My child has no medical condition or physical impairment that would inhibit active participation in the Clinic. I will provide a list of medications my child takes, if any.

*My child has the following medical conditions which may affect his/her participation in clinic ____________________________

• I further agree that Clinic directors, instructors and staff may photograph my child during Clinic and that University retains the rights to use these visual images, with or without my child’s name, in any manner it wishes without compensation to me or my child.

Print Name of Parent or Guardian: ___________________________ Signature: ____________________________ Date: _____________

Family’s health insurance company name: ____________________________________________

ID # ____________________________ Group # ____________________________

NOTE: All participants are required to submit a fully completed registration—including emergency contact, health insurance information, and parental signature—prior to the first day of camp. Campers will not be allowed to participate without this information.