



Great Lakes

Adaptive Sports Association

Track Clinic for Youth, Teens, & Adults

For the First Time to Elite Competitor

Sunday, March 1, 2015

Vernon Hills High School – Fieldhouse

145 Lakeview Parkway, Vernon Hills, IL 60061



Ambulatory Runners

Registration 8:30-9:00am

Clinic 9:00-11:30am

Wheelchair Racers

Registration 12:00-12:30pm

Clinic 12:30-3:00pm



Special Guests & Presenters

Amanda McGrory

2012 Track Paralympian
Winner Paris Marathon

Dave Bogenschutz

2014 & 2015 Coach for Ambulatory Athletes at
International Wheelchair & Amputee Sport World Junior Games
GLASA High Performance Track Coach

Amie Stanton Day

2000 Track Paralympian
GLASA Track Coach

Dave Michael

CrossFit Trainer & Amputee Athlete

Emily Petrusky

Nutrition & Wellness Advocate

Attendees will be grouped by age and experience. The clinic will include but is not limited to:

- >Practice & Competition Calendar Review
- >Video Taping & Gait Analysis
- >Roller Workouts
- >Sports Nutrition
- >Pushing & Stroke Technique

- >School & college Sports Participation
- >Video Taping & Stroke Analysis
- >Ambulatory Workouts
- >Cross Training

Paralympians will share their training and techniques to advance to the next level!

New wheelchair track athletes must register for a seating and positioning time slot

Please follow this link to register: <https://glasa.z2systems.com/eventReg.jsp?event=354&>

Please fax this registration form to 847-283-0973 or e-mail to nverneuille@glasa.org. Feel free to contact Cindy Housner chousner@glasa.org or Nicole Verneuille if you have questions or need additional information.

2015 GLASA Track Clinic

Name: _____

Parents Name (if under 18): _____

Date of Birth: _____ Address: _____ City: _____

State: _____ Zip: _____

Email: _____ Preferred Phone: _____

School/College(if applicable): _____

Injured Veteran: ___Yes ___No

First Time Athlete: ___Yes ___No

Ambulatory Athlete: ___Yes ___No

Disability: ___Amputee ___CP ___VI ___Other: _____

Wheelchair Athlete: ___Yes ___No

Disability: ___SCI ___CP ___Spina Bifida ___Transverse Myelitis

___Other: _____

___I own my own track chair, ___Helmet, ___Gloves and will be bringing them with me.

___I will need to use a GLASA track chair

Height: _____ Weight: _____ Width Hip to Hip: _____

*New Wheelchair Track Athletes should sign-up for a time slot to be seated:

___1:00pm

___1:30pm

___2:00pm

___2:30pm



Waiver Form - GLASA

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF THE ADULT PARTICIPATING OR PARENT/GUARDIAN OR PARTICIPANT AS WELL AS DATE ARE NOT ON THIS WAIVER.

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY TRAINING, COMPETITION, MEETING OR TESTING SESSIONS.

BY SIGNING THIS FORM, THE PARTICIPANT AFFIRMS HAVING READ THE WAIVER.

PARTICIPANT'S NAME: _____ **DATE OF BIRTH:** ____/____/____

SPONSORING ORGANIZATIONS: Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association
IN CONSIDERATION of being allowed to participate in any way in the sports and activities of Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association my involvement under the auspices of Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association, this sponsoring organization, I acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, dismemberment and death and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; as well as loss of or damage to property.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and, I, willingly agree to comply with the stated customary terms and conditions for participation. If however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and, FOR MY SELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association, THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, and/or LOSS or DAMAGE TO PERSON OR PROPERTY WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE and/ or WANTON MISCONDUCT.

PUBLICITY STATEMENT: I **DO NOT** _____ grant permission for pictures taken of participant (taken by individuals; i.e. other participants, parents, etc.) and name of participant to be used by GLASA for the purpose of agency promotion and education.

EMERGENCY TREATMENT PERMISSION: I know that GLASA does not carry medical or accident insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of each individual. I agree to emergency treatment by a physician or hospital in the event I cannot be reached.

I HAVE READ THIS RELEASES OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE

DATE SIGNED

FOR PARTICIPANTS UNDER THE AGE OF 18 AT TIME OF REGISTRATION

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release but also to release and indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs for myself, my heirs, assigns and next of kin.

PARTICIPANT'S SIGNATURE

DATE SIGNED

PARENT/GUARDIAN'S SIGNATURE

DATE SIGNED

EMERGENCY PHONE NUMBER: _____