

**January 24th
Harper College
Palatine, IL.
9 am to 3 pm**

A to Z THROWERS CLINICS

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THIS UNIQUE CLINIC IS FOR BOTH THROWERS AND COACHES

FORMAT: THERE ARE FOUR DIFFERENT CLINICS THAT ARE BEING RUN ON THAT DAY. YOU DECIDE ON WHICH CLINIC YOU SHOULD ATTEND.

LOOK AT THE INFORMATION GIVEN BELOW AS A GUIDE TO CHOOSE YOUR CLINIC:

NOTE: According to IHSA rules, each school can only send two representatives per clinic. This does not include the coach. This means that each school could send a total of six athletes to all three clinics.

BEGINNERS CLINIC: This clinic is for throwers with zero to one year of throwing experience perhaps someone who competed on the freshman or JV level. This clinic will deal with the basic principles of throwing the shot put and discus. Throwers will also learn the basic technique for the Olympic lifts to develop the power needed for throwing. The javelin and hammer (indoor weight throw) will also be introduced. (Limited to first 25 entrants)

INTERMEDIATE CLINIC: This clinic is for throwers with one to two years of throwing experience, perhaps a varsity thrower whom placed in conference or sectionals. The clinic will have a quick review of the basics of throwing. We will then emphasize various points to increase technical skills in the throwing events. Throwers will also learn the basic technique for the Olympic lifts to develop the power needed for throwing. The javelin and hammer (indoor weights throw) will also be introduced. (Limited to first 25 entrants)

ADVANCED CLINIC: This clinic is for throwers with three or more years of experience. This is for throwers who have reached a certain level of success, perhaps conference, sectional or state qualifiers. The finer points of the throws will be emphasized dealing with specific advance techniques in the shot and discus. Throwers will also learn the basic technique for the Olympic lifts to develop the power needed for throwing. The javelin and hammer (indoor weight throw) will also be introduced. (Limited to first 25 entrants)

COACHES CLINIC: This clinic is for coaches who are interested in learning more about the throws. The morning will be presentations on various aspects of the throws. The afternoon session will include looking into various resources available to the throws coach. It will also include a group discussion and question and answer period with a panel of successful throws coaches. (Limited to first 45 entrants)

Contact: Renee Zellner at (847) 925-6464 rzellner@harpercollege.edu

**Cost: \$70.00 per athlete or coach
Postmarked no later than Wednesday, January 20th 2016**

**Late registration and Walk- in Registration: \$80.00 only for spots not filled by pre-registration.
T-shirt for those who pre-register before Wednesday, January 20th.**

In order to keep maximize instruction we have limited each clinic. This means enrollment will be on a first come first serve basis for each clinic. Get signed up NOW!

Harper College A-Z Thrower's Clinics
General Information

When: Sunday, January 24th, 2016

Time: Registration: 8:10 – 8:50 am
Clinic: 9:00 am – 3:10 pm

Where: Building “M” William Rainey Harper College, Palatine, Illinois
“Wellness Center”, South Entrance

Contact: Renee Zellner at (847) 925-6464 rzellner@harpercollege.edu

Cost: \$70.00 per athlete or coach
Postmarked no later than Wednesday, January 20th 2016

FOOD: *Bring your own lunch!!! (Some vending machines are available)*

*****\$80 .00 per athlete or coach for day of registration and registration after the deadline date. NO REFUNDS.**

Includes: T-shirt for those who pre-register.
Shirts will be first come first serve for those who are doing day of registration.

Equipment: We will have equipment available.

Medical Clearance and Emergency Release forms: These forms must be signed and returned before or at registration in order to participate.

Make checks

Payable to: Harper College, in the memo area write: A-Z Throwers Clinics

In order to keep maximize instruction we have limited each clinic. This means enrollment will be on a first come first serve basis for each clinic. Get signed up NOW!

**Complete and return the forms below back to Coach Zellner rzellner@harpercollege.edu
R Zellner WHP Division 1200W. Algonquin Road Palatine IL 60067**

PRINT NEATLY PLEASE

Name: _____ **School:** _____

E-mail: _____ **Tele#:** _____

Mailing Address: _____

Gender: Male / Female **Shirt Size:** S M L XL XXL (+\$1.00)

Please circle the shirt size you prefer. We will try to fit sizes, but cannot guarantee it.

Please circle the clinic that you wish to attend:

Beginners Clinic

Intermediate Clinic

Advanced Clinic

Coaches Clinic

Mail to:

Renee Zellner
Harper College
WHP Division
1200 West Algonquin Road
Palatine, IL. 60067

SS#_(last 4 digits)_____ Student's Name_____

Print

Treatment Authorization for Minors

I authorize the Harper College designee or a qualified and licensed medical doctor to administer immediate or emergency medical treatment to: _____.

Student's Name

If any unforeseen condition shall arise calling on the judgement of the physician or the designee, I shall request and authorize the physician/nurse or medical designee to do what is advisable provided an immediate effort is made to contact me.

1. Specific medical allergies, chronic illness, or other conditions.

2. Injuries and/or operations during the past year?

3. Has student's physical activity been restricted during the past year?

4. Does student take any medication? **yes / no** (circle one)

If yes, list medications and if student will need take them during In Zone hours?

5. Does Student have any adverse reactions to any drugs? **yes / no** (circle one)

If yes, list reactions to drugs and its side effects

Parent/Guardian (print)_____

Home Address _____

Street

City/State

Zip Code

Home Phone Number (____)_____ Work Phone Number (____)_____

Emergency Contact's Name _____ Contact's Phone Number (____)_____ Physician's

Name _____ Physician's Phone Number (____)_____

Signature: _____ **Date:** _____

Parent/Guardian

Please print neatly!

RELEASE AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in having your child registered and participating in this program, you will be waiving and releasing all claims for injuries your child might sustain arising out of this program. As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any and all activities with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my child participating in the program against Harper College and its Board of Trustees, officers, representatives, agents, servants, and employees. I do hereby release and discharge Harper College and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which my child may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend Harper College and its Board of Trustees, officers, presenters, representatives, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by my child and arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize Harper College officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my child's immediate care, and I agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details and Waiver and Release of all Claims.

Signature _____ **Date** _____

Parent/Guardian