

Spring Throwing Clinic at Lee-Davis High School
For the high school thrower and his/her coach
Saturday, March 19, 2005

Instructors: Allen Bayuk, Throws Coach, Manchester H.S.
Nick DeLuca, Throws Coach, Lee-Davis H.S.

This clinic is geared towards the beginner and intermediate high school shot putter and/or discus thrower. Athletes will learn proper technique and training methods in a fun, learn-by-doing format. There will be two throws sessions (1 each for Shot and Discus), a session on Olympic weight lifting, plyometrics, and medicine ball drills, and an optional throwing session to close the day. Athletes are encouraged to bring their own implements.

Both Bayuk and DeLuca have had success at the high school level, with numerous district and regional champions between them. Both also each coached an outdoor 2004 Virginia AAA state champion.

****Coaches may video sessions and video footage of the clinic will be available for purchase.****

Schedule:

8:30-9:00 Registration (Orange juice and bagels provided)
9:00-9:30 Welcome and video presentation
9:30-11:00 Throw session I (technique, drills, learn-by-doing)
11:00-11:15 Break
11:15-12:00 Weights, Plyometrics, Medicine balls
12:00-1:00 Lunch – Provided
1:00-1:30 Question/Answer session, video
1:30-3:00 Throw session II (technique, drills, learn by doing)
3:00-4:00 Optional Throwing Session

When: Saturday, March 19, 2005. 8:30 a.m. – 4:00 p.m.

Where: Lee-Davis High School, 7052 Mechanicsville, Turnpike, Mechanicsville, VA 23111

Contact: Nick DeLuca – ndeluca@hcps.us or (804) 723-2200

Cost: \$35 per athlete, \$20 per coach if pre-registering (postmarked by Mon. March 14)
A \$5 surcharge will be added for registering at the door. Pre-registration is encouraged!

Make checks payable to: Lee-Davis H.S. Booster Club. Memo – Throws Clinic

Please fill in and return the section below to:

Nick DeLuca
Lee-Davis H.S.
7052 Mechanicsville Turnpike
Mechanicsville, VA 23111

Name: _____ School: _____
Phone number: _____
Address: _____
Age _____ Male _____ Female _____
E-mail address: _____
Parent's signature: _____ Phone: _____

******Coaches need only fill in Name, School and E-mail.**

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 this 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 Lee-Davis High School, Hanover County Public Schools, its representatives and employees. I do hereby release and discharge Lee-Davis High School, Hanover County Public Schools, its representatives 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 Lee-Davis High School, Hanover County Public Schools, its representatives and employees from any and all claims resulting from injuries, damages and losses sustained by my child arising out of, connected with, or in any way associated with the activities of this program. In the event of any emergency, I authorize Lee-Davis High School officials to secure any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child's immediate cared, 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.

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical History:

Specific medical allergies, illnesses, or other conditions:

Any medications that athlete is currently taking: